

SUBJECT: SHRUB PLANTING REQUEST

ARR 3.2a

REVISED: MARCH 2025

Co-Owner Name _____

Address _____

Bldg _____ Unit # _____

Phone _____ email _____

Description of shrubs and/or other plants:

Diagram of location of plants (including dimensions):

I understand the cost of the above planting(s) is my responsibility and that the on-going maintenance of the bed and planting(s) is my responsibility.

Co-owner signature: _____

Committee signature: _____ Date: _____

Board of Directors: _____ Date: _____