

LAKE DILLON CONDOMINIUMS
UNIT REMODEL REQUEST FORM

OWNER'S NAME: _____

OWNER'S CONTACT INFO:

UNIT NUMBER: _____

SCOPE OF WORK:

PROJECTED START DATE: _____

PROJECTED COMPLETION DATE: _____

UNIT ITEM / FURNITURE STORAGE PLAN: _____

DEBRIS and TRASH REMOVAL PLAN: _____

OTHER PERTINENT INFORMATION:

**PLEASE PROVIDE PROOF OF LICENSED / INSURED CONTRACTOR AND
PROOF OF PERMIT.**

Contractor Contact Name and Phone Number _____

Contractor License number _____

Contractor Insurance Certificate _____

Permit number from Town of Dillon _____

REQUESTS SHOULD BE SENT TO:
LAKE DILLON CONDOMINIUM ASSOCIATION
ATTENTION: Kevin Lovett
P O BOX 2590
DILLON, CO 80435
Fax 970-468-2556
Email Klovett@srgsummit.com