

**San Ignacio Heights, Inc.
P O Box 526
Green Valley, AZ 85622-0526**

ARCHITECTURAL COMMITTEE

PAINT REQUEST FORM

Please Print all items

Date of paint approval request: _____

Owner's Name: _____

Property Address: _____

Lot #: _____ Model Number: _____ Model Name: _____

Telephone Number: _____ Email Address: _____

As homeowner(s) of the property listed above I/we have consulted Appendix A of the Handbook of Rules and Regulations and the Revised CC& R's and request the following paint approval:

Paint colors to be used on our Model Number _____ Model Name _____

Stucco Code _____ Supplier/Number _____

Trim _____ Supplier/Number _____

Wood _____ Supplier/Number _____

Fence/Gate _____ Supplier/Number _____

Contractor _____ ROC# _____
Name

Signature of Owner or Owners:

Date received by Architectural Committee: _____ Date approved: _____

Signature of Committee Chair Signature of Committee Member Signature of Committee Member

Date submitted by the Architectural Committee to the Board of Directors: _____

Date approved by the Board of Directors: _____ By _____
Signature of Board Member

Date Paint Request Form approval delivered to owner by Architectural Committee: _____