

Cameron Knoll Owners Association
Window Replacement Request Form

Date:	Address:
Name:	
Phone:	
Email:	

Will each window have divided lights that are 3 across and 2 from top to bottom per sash?
 Yes No

If **No**, what is the window configuration on your current windows?

Will your new windows match the current window configuration? Yes No

Will the window frames and muntins (material separating window panes into divided lights) be white? Yes No

Will the window glazing be clear with no etching? Yes No

Will the screen frames be white? Yes No

Will the screen itself be gray or steel in color? Yes No

Will the exterior profile match the look of the existing windows? Yes No

Have you included photos and specifics about your new windows? Yes No

Have you included a copy of your proposal? Yes No

Contractor Name:	
Contractor Address:	
Contractor Phone:	
Estimated Project Cost:\$	Estimated Install Date:

For Office Use Only:	Date Received:
Approval:	
Approval:	
Approval:	

Please return completed form and attachments to:
 Rice Property Management, PO BOX 6005, Woodbridge VA 22195
 OR
 ricepmgr@aol.com
**The Board has 60 days for approval from the date the request is received.
 The deadline for work completion is 6 months after approval.**