

**HVAC Replacement Information Form
C.O.P. Condominium Association ("HOA")**

Owner (Applicant): _____

Property Address: _____

Contractor Information:

Contractor Name: _____

Contractor Phone: _____

Proposed Project Start Date: / /

Proposed Project End Date: / /

Owner Contact information:

Phone _____

Mailing Address (if different from above):

_____ **Zip:** _____

Email Address: _____

Description of and reason for request (Required**):**

***** If this form is being submitted for the sole purpose of replacing the HVAC system on the home listed above, COP Condo Association Board of Director approval is not required. Please submit the contractor information prior to the work being done and the date the project is to be initiated and completed. It is in the best interest of security that we be aware when there are workers in our neighborhood for the safety and wellbeing of all our homeowners. This assumes the replacement AC unit is installed at the same location as the existing unit .**