



**ALTERATION REQUEST**

Please complete and return to Tribe Management Inc.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Suite Number: \_\_\_\_\_ at \_\_\_\_\_

City: \_\_\_\_\_ Strata Lot: \_\_\_\_\_ Strata Plan: \_\_\_\_\_

We wish to request permission to carry out the following work in our unit:

Contractor's Company Name: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Main Number: \_\_\_\_\_

Onsite Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_ (not to exceed 2 months)

Building Permit #: \_\_\_\_\_

We attach herewith the necessary plans and details of the work to be carried out.

We have read and understand the Strata Bylaws and we agree to fully abide by them. We understand and agree that if we violate any aspect of the Strata Bylaws, we will be subject to penalties imposed by the Strata Corporation against our Strata Lot. We understand that alterations to the Strata Lot are not covered by the Strata Corporation's insurance.

***NOTE: Your request for alterations is subject to the Strata Council's approval and completion of the attached Alteration and Indemnity Agreement.***

Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Received: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Comments and Conditions: \_\_\_\_\_