The Arbors

91-927 La'aulu Street, Ewa Beach, Hawaii 96706 / Phone & Fax 808-683-5261

AOAO The Arbors Design Request

Re.: Unit #_____ Name:_____

Hp#_____

Wp#_____

Description of Improvement / Alteration / Repair

- **Continue on reverse side or attach additional sheets as required.**
- **Request must include two (2) copies of plans / sketches and/or catalog cuts OR proposed work in sufficient detail for board / committee review.**
- **All request(s) must include name and title of persons who draw plans submitted for review.**

Mail or Deliver to: AOAO The Arbors
Attn: Board of Directors
C/O Hawaiiana Management Company
711 Kapiolani Blvd., Suite 700
Honolulu, HI 96813

Or: Hand deliver to the association resident manager

For AOAO The Arbors Board of Director use only

_____ **Request approved**
_____ **Request approved** ***(See comments below)***
_____ **Request denied**
_____ **Resubmit request with requested revisions / information as noted**

Comments:_____
_____
_____
_____

_____ _____

President, AOAO The Arbors Board of Directors **Date**