

LUMA HOMEOWNERS ASSOCIATION REMODELING AGREEMENT
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REMODELING APPLICATION

RETURN FORM TO: Luma Homeowners Association

Attn: General Manager
1100 South Hope Street
Los Angeles, Ca 90015

Date: _____ Unit #: _____

Name of Owner(s) _____

Property Address _____
(Street)

(City) (State) (Zip Code)
Mailing Address (*If different from Luma address*)

(Street)

(City) (State) (Zip Code)

Home Phone No. _____ Work Phone No. _____

Proposed Start Date _____ Estimated Completion Date _____

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Please provide the following:

General Contractor _____ Contact Name _____

Phone No. _____ Cellular No. _____

Insurance Carrier _____ Phone No. _____

Designer _____ Phone No. _____

Flooring _____ Phone No. _____

Painting _____ Phone No. _____

Other Vendor _____ Phone No. _____

DESCRIPTION OF PROPOSED IMPROVEMENTS (attach plans):

Owner's Signature _____

Date _____ **Unit #** _____