

DEPOSIT REQUEST FORM

Upon completion of your improvement please submit deposit request form to Inframark by filling out this form and supplying photos of the finished project including any grass areas or fencing that may have been altered during the build. After receipt of this completed form, your property will be inspected from the street or Association property during the next regularly scheduled inspection of your community. Form may be submitted by mail or email.

MAIL: Inframark I.M.S.
2002 W. Grand Parkway N. Suite 100
Katy, TX 77449
Attention: ARC Dept.

E-MAIL: modifications@inframark.com

TYPE OF IMPROVEMENT COMPLETED _____

Owner Name (Print) _____ Date of Request _____

Address of Improvement _____ City _____ Zip _____

Mailing Address if Different from Improvement Address _____ City _____ State _____ Zip _____

Community Name _____ Contact Phone Number _____

Neighborhood/Section Name _____ Contact Email _____

***If the pool deposit for the above referenced property was issued by and is to be released to the pool company, please indicate below by checking the box and complete the pool company's information. ***

Check here authorizing Pool deposit to be released to the pool company.

Pool Company's Name: _____ Address, City, State, Zip Code _____

I hereby confirm the improvement listed above at the designated address is complete and the property has been restored to the original condition. I am, therefore, requesting the deposit be returned after inspection of the property.

Thank you.

Owner Signature

OFFICE USE ONLY				
Manager _____	VMS ___	Strong Room ___	Amount \$ _____	Tracking Recd Dept. Fwd. ____ ARC ____ ____ MGR ____ ____ ARC ____ ____ AR ____ ____ AP ____
Approved _____	Denied _____	Comments: _____		
