

# Ashborough Civic Association

## Appeals Form

### Contact Information:

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

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

Email Address: \_\_\_\_\_

House Address: \_\_\_\_\_

<p><b>Architectural Review Committee Appeal</b></p> <p><input type="checkbox"/></p>
---

<p><b>Covenants and Restrictions Appeal</b></p> <p><input type="checkbox"/></p>
---

### **Summary of Appeal:** (email form to [manager@ashborough.org](mailto:manager@ashborough.org))

Attach any pictures and/or other evidence that pertains to your case. Be prepared to share the appeal with the board at the next board meeting for final judgments. **Submit 10 days prior to the Community Meeting that takes place the 2nd Tuesday of each month.**

---

---

---

---

---

**Signature:** \_\_\_\_\_

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