

Window Replacement Form

To: MSS Board of Directors

Date: _____

From: _____

Unit #: _____

Enclosed herewith are:

Drawings Brochure

Contractor Name

Other _____

Window replacement:

Front window

Comments: _____

Date Reviewed:

- Approval Denied
- Approval Granted as Requested
- Approval Granted subject to the following:

Send completed form with attachments to the Office.

Email Momi-Makahasurfside@hawaii.rr.com
Or Fax to the Office (808)696-7871