

# EVERGREEN DESIGN CHANGE FORM

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

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

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

Description of work to be done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated starting date \_\_\_\_\_

Will this work be done by you or by contractor? \_\_\_\_\_

Name of contractor (if applicable) \_\_\_\_\_

Please attach any additional colors, drawings, etc.

To be completed by ACC:

Approved \_\_\_\_ Rejected \_\_\_\_ Date \_\_\_\_\_ Need additional Info \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by ( must have at least two signatures):

\_\_\_\_\_