

SUDDEN VALLEY COMMUNITY ASSOCIATION  
ARCHITECTURAL CONTROL COMMITTEE  
APPLICATION FORM

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PROPERTY OWNER?    YES     NO

DIVISION & LOT NUMBER(S) \_\_\_\_\_

PLEASE STATE YOUR REASON(S) FOR WANTING TO BE ON THE ACC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT SKILLS, TALENT AND EXPERIENCE WOULD YOU BRING TO THE ACC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY OTHER SUDDEN VALLEY ACTIVITIES/COMMITTIES YOU  
ARE INVOLVED IN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Office Use Only PO  GS  PM