

**SHERMAN GARDEN APARTMENTS TRUST
RENOVATION/REMODELLING REQUEST FORM**

Date of Application: _____

Name of Owner(s): _____

Address: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Short statement of improvement/modification (also attach "Scope of Work" from the contractor):

e.g., "Bathroom remodel" or "Flooring request" _____

Installer/Contractor: _____

(A copy of certificate of insurance is required for each installer and/or contractor. COIs must include the Sherman Garden Apartment Trust, shareholder and Heil Heil Smart & Golee LLC management company as additional insureds.). A copy of the shareholder's personal liability insurance must also be attached. Contractors must be registered with the City of Evanston. <https://tinyurl.com/eryzjxfw>

A REPRESENTATIVE DRAWING OF THE MODIFICATION OR IMPROVEMENT (IF APPLICABLE) MUST BE ATTACHED TO SHOW THE LOCATION AND DIMENSIONS. A SCOPE OF WORK STATEMENT ALSO MUST BE ATTACHED. COPY OF ALL PERMITS MUST ALSO BE PROVIDED BEFORE WORK CAN BEGIN..

Please see Sherman Garden Apartment Trust Rules & Regs regarding Remodeling and Repairs (see also Decorating and Flooring). <http://shermangardenevanston.com/>.

Signed: _____

Date: _____

Please send this form to:

Sherman Garden Apartment Trust
c/o Homeowner Services Department
Heil, Heil, Smart & Golee
5215 Old Orchard Road, Suite 300
Skokie, IL 60077

Email hsd@hhsng.net Note: scanned pdf or jpg only please, no cell phone photos

Fax 847-965-8600

-----For HHS&G Homeowner Services Use -----

Received by: _____

Date: _____

Board Approval by: _____

Date: _____

Reason for Disapproval: _____