

REQUEST FOR RELEASE OF GUIDELINE AND COMPLIANCE DEPOSIT

Lot # _____ Owner Signature _____ Date _____

Comments:

Total Deposit to be Refunded: _____

Requested by _____ Lot# _____ Date _____

ARC Approval _____ (Date)

Board Approval _____ (Date)

Please note: The ARC has the right to determine when the refund is available for disbursement within a reasonable amount of time.

***DocuSign can be utilized on this form. Call Waves for information on executing this process for a small fee of \$10.00 per signature payable to Waves. 251-943-7410 Ask for Cindy or Hilary**