

SANDPIPER LAGOON EXTERIOR COLOR PROGRAM

APPLICATION FORM

OWNER & PROPERTY INFORMATION

(All information is required)

Owner's Name: _____

Property Street Address: _____

Full Mailing Address (if different): _____

E-mail: _____

Fax (if no e-mail): _____

Telephone: Daytime _____ Evening _____

Adjacency (addresses and colors to be provided by Sandpiper Lagoon Owners Association):

Adjacent House Address #1: _____ Color: _____

Adjacent House Address #2 ("NA" if none): _____ Color: _____

Across House Address ("NA" if none): _____ Color: _____

Across House Address ("NA" if none): _____ Color: _____

PROJECT INFORMATION

Please request your Main Color below. Some colors may be unavailable because they are the same or similar to a color of an adjacent or across house or incompatible with the color of an adjacent house. Paint colors specified below refer to the exact color, brand and finish listed in Attachment A1 of the Sandpiper Lagoon Exterior Color Program (the "Program").

Main Color - Owner agrees to use the following color, if approved (*indicate "1" for first choice and "2" for second choice*):

- A. Creek Bend
- B. Raging Sea
- C. Amazon Stone
- D. Pewter Mug
- E. Wheat Bread
- F. Gray Area
- G. Baltic Gray
- H. River Reflections

Trim - Owner agrees to use Color (J) Classic Gray, as specified in Attachment A1 of the Program.

Front Door - Owner agrees to use one of the Front Door colors as specified in Attachment A1 of the Program.

Fences - Owner agrees to use Color (K) Fashion Gray, as specified in Attachment A1 of the Program.

OWNER'S CONFIRMATION

I am the owner of this property. I confirm that I have received a current copy of the Sandpiper Lagoon Exterior Color Program and that the requested painting project will comply with all requirements of the program.

Signature of Owner: _____ Date: _____

[To provide a signature for email submission, type your name within slashes, such as "/John T. Smith/"]

SUBMITTALS

Submit completed applications to SLHOA at sandpiperpaint@gmail.com. If owner prefers to submit the application in person or by mail, please make separate arrangements by discussing with an SLHOA Board member or by calling (650) 332-4729.

WORK MAY NOT BEGIN UNTIL YOU RECEIVE THE WRITTEN APPROVAL OF BOTH SLHOA & RSOA.

APPROVAL (to be completed by SLHOA and forwarded to RSOA)

Approved Main Color: _____

Signature of Authorized SLHOA Representative: _____ Date: _____