

**SANTA ROSA WEST ASSOCIATION  
NOTICE OF COMPLETION**



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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Parcel No: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Improvement(s) on the described property was (were) COMPLETED in accordance with the plans and submittal package which was approved by the Architectural Review Committee.

The completed Improvement(s) is (are):

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

Please submit the Refundable Deposit to the above, upon verification of completion.

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

Signature of Owner(s): \_\_\_\_\_

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

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