

ALTERATION AGREEMENT



Name: _____

Address: _____

Rank: _____

Social Security Number: _____

Unit / Duty Number: _____

Home Phone Number/Email _____

No. of Authorized Residents

The service member will be responsible for the alteration and the liability of the alteration.

- Return the home to its original condition upon move out .
*Service charges may apply

- The alteration will remain upon move out.
*Service charges may apply

Describe requested alteration:

Submitted By:

Received By:

Service Member (Please Print)

Pinnacle Representative (Please Print)

Signature Service Member

Signature Pinnacle Representative

Date

Date

Approved by _____
(Community Director/Manager)