

## MODIFICATION COMPLETION FORM

In compliance with the Modification Policy, I understand that I/We are required to provide the Modification Committee a notification within 30 days advising when requested work has been completed. Please accept this form as official notification of completion.

Date of Request: \_\_\_\_\_ Type of work completed: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Owner's Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Neighborhood: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Return to: Modification Committee  
Riverwood Community Association  
4250 Riverwood Drive  
Port Charlotte, FL 33952

OR

Email/fax to: Riverwood Modification Committee  
C/O RCA Assistant Manager  
(941) 764-6663 fax # (941) 625-7806  
[riverwoodassistant@comcast.net](mailto:riverwoodassistant@comcast.net)

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Modification Completion Inspected by: \_\_\_\_\_  
*Committee Member*

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

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason: \_\_\_\_\_