



Lakes of Mt. Dora Property Owners Association
Standing Committee Recommendation

To: LOMD Board of Directors
Thru: Property Manager

Standing Committee Name: _____

Recommendation Title: _____

RECOMMENDATION

(Please be as specific as possible. Include a reason for making the recommendation and identify any costs involved. Attach photos, vendor information and costs if appropriate.)

For the Committee
Signature: _____ Date: _____

Print Name: _____ Title: _____

Supplemental Committee Approval

Request Received: _____ Approved: _____ Denied: _____

Comments: _____

Signature: _____

Print Name _____ Title: _____

Board of Directors Review

Approved: _____ Denied: _____

Comments: _____

Signature: _____ Date: _____

Print name: _____ Title: _____
