

Westchester Place Homeowner Association  
c/o Associa Chicagoland  
50 East Commerce Drive, Suite 110  
Schaumburg, IL 60173  
Phone: 847-490-3833 Fax: 847-490-9807

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Email: [helpmechicagoland@associa.us](mailto:helpmechicagoland@associa.us)

## MOBILITY ACCOMODATIONS

### Modification Request Form

Wheelchair ramps, hand rails, and grab bars may be installed at units where necessary, but must be removed when no longer needed or when the unit transfers, whichever occurs first.

>For wheelchair ramps, a drawing or sketch must be provided. If any digging is required, homeowners or their contractor must call JULIE, especially in the rear of all units.

*Note: At the front of all units there is an electric line running to the driveway light pole. JULIE will not mark this light since it is not a service line TO the building. It has been found to not be buried very deep and can be prone to being hit. It is generally easy to determine the "route" of the line to the driveway light as it exits the front of the unit. The homeowner, or contractor, is responsible for repair if this line is hit.*

>For hand rails or grab bars, a description or photograph should be supplied to show where the assists will be attached.

I request approval to install \_\_\_\_\_

on my property at \_\_\_\_\_

I agree to comply with the above-stated provisions and have included the following:

\_\_\_\_\_ A description of the work being considered.

\_\_\_\_\_ A drawing/sketch that reflects the descriptions and specifications listed above.

\_\_\_\_\_ A copy of the agreement with contractor (if used) which includes the above provisions.

\_\_\_\_\_ A Certificate of Insurance from the contractor (with the Association named as additionally insured)

Signed: \_\_\_\_\_

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

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

Date Received by Associa: \_\_\_\_\_

***Return this completed form and attachments to Associa at the address printed at the top of this page***

ACC Approval: \_\_\_\_\_

Date Received by ACC: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_