

BEAU CHÊNE HOMEOWNERS ASSOCIATION, INC.
105 Beau Chêne Blvd., Suite 100 MANDEVILLE, LA 70471
www.bchoa.org
(985) 845-3565 Fax (985) 845-3527

SWALE DEPOSIT REFUND REQUEST

Please complete the questions below, sign, and return the form to the address above, to request our SWALE refund. Please note, the Environmental Control Committee Guidelines state that a period of 90 days after inspection should pass before the deposit may be returned. This is required in order to allow for drainage performance under wet conditions to be determined.

I hereby request the refund of my SWALE deposit for the following lot(s) in the Beau Chene Community.

LOT # (s) _____

NAME _____

STREET ADDRESS OF LOT _____

PLEASE MAIL MY REFUND TO _____

SIGNATURE _____ DATE _____
(REQUIRED FOR SWALE REFUND)

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FOR OFFICE USE ONLY

Date Request Received _____

SWALE CONDITION APPROVED BY _____ DATE _____

IF NOT APPROVED, REASON:

VERIFY PAYMENT OF DEPOSIT BY _____ DATE _____

AMOUNT OF DEPOSIT _____

BCHOA A/R STATUS _____ DATE _____

FINAL APPROVAL _____ Ck. Issue Date: _____ Ck. # _____