

Kings Corner Manor

Approval or Denial of Yard Modification Request

Date:		
Name:)
On	(date) you requested the following yard	modification:
We have:		
☐ Approved you been complete	ur request. Ledyard Housing Authority will insp ted.	ect the modification when it has
☐ Your request	has been denied.	
□ four request	nas been demed.	
		-
If you have questions	s please contact us immediately.	
Adopted		