

**OWNER CONSENT TO THE  
AMENDMENT OF PROTECTIVE COVENANTS FOR EASTCLIFFEE  
HOMEOWNERS ASSOCIATION**

THE UNDERSIGNED, as the owner(s) of the property and residence located at \_\_\_\_\_lot(s)#\_\_\_\_\_ (insert your property address in the Eastcliffe community) acknowledge(s) that their property is subject to the Protective Covenants of Eastcliffe, as recorded in the real property records of Custer County, Colorado. The undersigned has/have been provided with a copy of the **Proposed Amendment** of the Protective Covenants for Eastcliffe.

The undersigned hereby (check one):

\_\_\_\_\_ Consents

\_\_\_\_\_ Does Not Consent

to the adoption of the **Proposed Amendment** of the Protective Covenants as authorized by the Board of Directors.

Printed Name of Owner/s:

\_\_\_\_\_  
Signature/s:

**RETURN TO:**

Eastcliffe Home Owners Association, Inc.  
c/o Board of Directors  
155 Deerhaven Drive  
Westcliffe, Colorado 81252  
E-mail: eastcliffehoa@gmail.com

A stamped, addressed envelope has been provided for your convenience.