



THE TOWNSHIP AT COLONY PARK TND

Ridgeland, Mississippi

Architectural Review

Residential Architects Qualifications Questionnaire

RESIDENTIAL ARCHITECT

Name: _____

Address: _____

Phone: (O) _____

(H) _____

(C) _____

(F) _____

(Email) _____

Company Name under which you operate: _____

Number of years experience in residential architecture: _____

Approximate number of residences designed: _____

Five (5) Portfolio Examples(Please attach representative work product):

Project	Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

RESIDENT ARCHITECT SIGNATURE

DATE

Upon completion, please return to:

The Township at Colony Park TND
Architectural Review Committee
c/o Kerioth Corporation
P.O. Box 16436
Jackson, Mississippi 39236

Fax 601-368-9975