State Contractor's Lic. # 835509



## **Disclosure Form for Occupied Units**

Complex Name:		Fax:	
Date Scheduled:		Technician will arrive between 8 a.m. and 12 noon.	
	nk you for choosing Commercial Bath Refinishing.	We appreciate the opportunity to work with you to maintain your property in	
		wing Conditions and sign your agreement where indicated at the bottom of this n. prior to scheduled date of work. See FAX Numbers below for your area.	
1.	personal items in the area, within twelve (12) feet, by 8:	are to be refinished (clear kitchen counter, vanity, bathtub, shower, etc.) and remove al 00 a.m. on the day work is to be done. Technician will cover all other items as necessary ture in adjacent rooms, please cover; refinishing dust particles may be in the air after	
2.	Resident understands that if item to be refinished is not cleared, or adjacent areas are difficult to prep due to the amount of items in the area, the job will be cancelled and a cancellation fee could be charged.		
3.	Resident acknowledges and understands that no people or pets/animals can be in the residence during the refinishing process and 4 to 6 hour after completion of the work.		
4.	Resident acknowledges and understands that the refinished item cannot be used for 24 hours after refinishing.		
5.	Though all products used by Commercial Bath are compliant for residential use, Resident acknowledges and understands that the refinishin process performed by Commercial Bath might cause upset to people who are allergic, asthmatic or have any condition that might cause a reaction to dust or paint odors.		
6.	Commercial Bath recommends that windows remain open, when feasible, until the odor dissipates.		
7.	Commercial Bath will not perform any work if the resident does not follow the instructions above.		
8.	Commercial Bath is <b>NOT</b> responsible, and will <b>NOT</b> pay for, personal items damaged as a result of any of the above Conditions not bein followed. Additionally, Commercial Bath is <b>NOT</b> responsible for any costs associated with relocating an occupant in the event of fur sensitivities or odors from the unit being refinished or surrounding units. It is the responsibility of the Resident Manager or Management Company to notify all affected residents in the area. <b>PLEASE INITIAL: MANAGER</b>		
	ve read, understand and agree to the information about the information about the information about the read of the	ove. Resident and Property Manager acknowledge receipt of Commercial Batlaintenance Sheet.	
Resid	dent Signature:	Property Manager Signature:	
Print Name:		Print Name:	
Print Name:Apartment #:		Date:	
	Note: There will be a Trip	p Fee if the Resident refuses entry to Technician. onal fee added to all occupied/furnished units.	
	Please fax back by	3:00 p.m. prior to scheduled date of work.	
San	n Diego FAX: 858-554-0555 □ Los Angel □ Bay Area FAX: 408-9	les FAX: 310-830-3400 □ Orange County FAX: 657-220-5148 44-0770 □ Sacramento FAX: 916-568-1112	
	If this COMPLETED form is not received 3:00 p.m. p	orior to scheduled date of job, work will not be done. Please call to re-schedule.	
	If this COMPLETED form is not received 3:00 p.m. p	prior to scheduled date of job, work will not be done. Please call to re-schedule.	

SINESS VI

Tel: (800) NEW-FINIsh

(639-3464)

**\$EPA**