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. |
| | k you for choosing Commercial Bath Refinishing rate condition. | . 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 m. prior to scheduled date of work. See FAX Numbers below for your area. |
| 1. | personal items in the area, within twelve (12) feet, by | ture to be refinished (clear kitchen counter, vanity, bathtub, shower, etc.) and remove all 8:00 a.m. on the day work is to be done. Technician will cover all other items as necessary, atture 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 hours 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 refinishing 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 o | pen, when feasible, until the odor dissipates. |
| 7. | Commercial Bath will not perform any work if the resi | dent does not follow the instructions above. |
| 8. | Commercial Bath is NOT responsible, and will NOT pay for, personal items damaged as a result of any of the above Conditions not being followed. Additionally, Commercial Bath is NOT responsible for any costs associated with relocating an occupant in the event of fume 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. PLEASE INITIAL: MANAGER RESIDENT RESIDENT | |
| | e read, understand and agree to the information a hishing Area Prep Sheet and Refinishing Care and I | bove. Resident and Property Manager acknowledge receipt of Commercial Bath Maintenance Sheet. |
| | lent Signature: | Property Manager Signature: |
| Print | Name: | Print Name: |
| Resid | lent Phone Number | Date: |
| Resident Email Address | | Apartment # |
| | Note: There will be a | Trip Fee if the Resident refuses entry to Technician. Iditional fee added to all occupied/furnished units. |

Please fax back by 3:00 p.m. prior to scheduled date of work.

Sacramento Fax:916-568-1112

If this COMPLETED form is not received 3:00 p.m. prior to scheduled date of job, work will not be done. Please call to re-schedule.

Tel: (800) NEW-FINIsh (639-3464)



