

FLAVOR FINISH RESURFACING

PROPERTY NAME: _____
UNIT # TO BE SCHEDULED: _____
DATE TO BE SCHEDULED: _____
DESCRIPTION OF WORK: _____

FLAVOR FINISH L.L.C. HAS BEEN CONTRACTED TO PERFORM RESURFACING WORK IN YOUR UNIT. DUE TO THE USE OF CHEMICALS NEEDED TO PERFORM THE JOB, WE MUST ASK THAT A RELEASE OF LIABILITY BE READ AND SIGNED BY THE RESIDENT. AFTER YOU HAVE READ AND FULLY UNDERSTAND THE FOLLOWING MEASURES REQUIRED OF YOU, PLEASE SIGN AND RETURN TO THE PROPERTY MANAGER.

1. PLEASE MAKE ARRANGEMENTS FOR ALL PERSONS TO BE OUT OF THE UNIT ON THE DAY WORK IS SCHEDULED.
2. PLEASE MAKE ARRANGEMENTS FOR ALL PETS TO BE OUT OF THE UNIT ON THE DAY WORK IS SCHEDULED.
3. PLEASE MAKE SURE ANY FISH TANKS ARE TIGHTLY COVERED TO PREVENT EXPOSURE TO CHEMICALS.
4. REMOVE ANY AND ALL ITEMS IN THE ROOM IN WHICH WORK IS BEING PERFORMED.
5. PLEASE REMOVE ANY VALUABLES FROM UNIT, INCLUDING MONEY, JEWELRY, ANTIQUES, ETC...
6. PLEASE COVER ALL FURNITURE AND ITEMS IN ANY ADJACENT ROOMS IN WHICH WORK IS BEING PERFORMED.
7. THE RESURFACING PROCESS WILL CREATE DUST. EVEN WITH THE PRECAUTIONS THAT BOTH YOU AND WE TAKE, IT WILL BE IMPOSSIBLE TO ELIMINATE THE PRESENCE OF ALL DUST.
8. PLEASE ALLOW AT LEAST 6 HOURS AFTER WORK HAS BEEN COMPLETED BEFORE ENTERING YOUR UNIT. AS DIFFERENT PEOPLE HAVE DIFFERENT LEVELS AND SENSITIVITIES TO CERTAIN CHEMICALS AND/OR THEIR ODORS, WE MUST ASK THAT YOU MAKE THE APPROPRIATE DECISION REGARDING THE TIME AT WHICH YOU FEEL COMFORTABLE TO ENTER/OCCUPY YOUR UNIT. MORE THAN 6 HOURS MAY BE NEEDED IF YOU FEEL IT IS NECESSARY.
9. PLEASE ALLOW AT LEAST 48 HOURS DRYING TIME BEFORE USE.
10. DO NOT USE BLEACH OR HARSH DETERGENTS AND/OR ABRASIVE APPLICATORS TO CLEAN SURFACES.

PROPERTY MANAGER – PLEASE NOTIFY ALL RESIDENTS IN THE BUILDING IN WHICH WORK IS BEING PERFORMED THAT THERE WILL BE CHEMICALS USED WITHIN THE BUILDING THAT MAY CAUSE ODORS, IRRITATION, DISCOMFORT, AND/OR OTHER SIDE EFFECTS TO THOSE WITH SENSITIVITIES TO CHEMICAL AGENTS. RESIDENTS WITH CONCERNS MAY WANT TO MAKE ARRANGEMENTS TO BE AWAY FROM THEIR UNIT ON DAY WORK IS SCHEDULED.

RESIDENT – I HAVE FULLY READ AND FULLY UNDERSTAND ALL REQUIREMENTS, RESPONSIBILITIES, AND WARNINGS AS STATED ABOVE. I HEREBY RELEASE FLAVOR FINISH L.L.C. AND ITS OWNERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITIES RESULTING FROM MY FAILURE TO DO ANY OF THE ABOVE STATED REQUIREMENTS.

RESIDENT SIGNATURE _____ MANAGER SIGNATURE _____

**WORK WILL NOT BE PERFORMED WITHOUT THIS RELEASE
MANAGER – PLEASE FAX TO 281-441-1268**