



Disclosure Form for Occupied Units

Complex Name: _____

Fax: _____

Date Scheduled: _____

Technician will arrive between 8 a.m. and 12 noon

Thank you for choosing Pacific Bath Refinishing. We appreciate the opportunity to work with you to maintain your property in first-rate condition.

Resident and Property Manager: Please read the following and sign your agreement where indicated at the bottom of this page.

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

1. Resident agrees that he/she will clear items from fixture to be refinished (clear kitchen counter, vanity, bathtub, shower, etc.) and remove any visible items in the area by 8:00 a.m. on the day work is to be done. Technician will cover all other items as necessary, 8 to 10 feet from work area. If you have dark furniture in adjacent rooms, please cover; refinishing dust particles may be in the air after spraying and may show on dark surfaces.
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 36 hours after refinishing.
5. Though all products used by Pacific Bath are compliant for residential use, Resident acknowledges and understands that the refinishing process performed by Pacific 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. Pacific Bath recommends that windows remain open, when feasible, until the odor dissipates.
7. Pacific Bath will not perform any work if the resident does not follow the instructions above.

I have read, understand and agree to the information above. Resident and Property Manager acknowledge receipt of Pacific Bath Refinishing Area Prep Sheet and Maintenance Sheet.

Resident Signature: _____ Property Manager Signature: _____

Print Name: _____ Print Name: _____

Apartment #: _____ Date: _____

Note: There will be an additional fee added to all occupied/furnished units.

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

If this form is not received 3:00 p.m. prior to scheduled date of job, work will not be done.

(Please call to re-schedule.)