

Paint Request Form

PLEASE PRINT

Resident Name: _____ Address: _____

Rooms/Area to be painted (*excluding Kitchen and bathrooms)

I have elected to paint according to guidelines in:

_____ **Option A: Approved Color Palette - Painting Guidelines**

Color of paint to be used: (maximum of 2)	Color	Brand	Stock Number	Finish
_____	Requisite Grey	Sherwin Williams	SW7023	Semi-gloss
_____	Irish Cream	Sherwin Williams	SW7537	Semi-gloss
_____	Nomadic Desert	Sherwin Williams	SW6107	Semi-gloss
_____	Lemon Meringue	Sherwin Williams	SW7561	Semi-gloss

_____ **Option B: Colors and Finishes NOT in the Approved Palette** _____

I understand and agree that painting will be completed following the guidelines of the **Interior Paint Policy**. If I have chosen to use a color or finish *not* included in the Approved Color Palette, it is my responsibility to prime the painted walls prior to move out or pay a charge of \$.54 per square foot of painted wall space, payable upon move out. This charge will cover the cost of supplies and labor to restore the walls to their original condition. If I have chosen to paint using an approved color and finish and have followed the Interior Paint Policy, I may leave the painted wall(s) as-is at move out. Any damage or paint on any fixture, such as carpet, doors, windows, tile, blinds or any other fixtures would be considered damage.

Resident Signature: _____ Date: _____

Approval is granted to perform painting at this house. _____
Management Signature

Your request is disapproved for the following reasons: _____
Management Signature

Reasons for disapproval: _____

