

Paint Request Form

Resident Name: _____ Address: _____

Rooms/Area to be painted (***kitchen and bathrooms are not to be painted***)

I am electing to paint according to guidelines through:

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

Color of paint to be used: (maximum of two)	Color	Brand	Stock Number	Finish
_____	Functional Grey	Sherwin Williams	SW7024	Semi gloss
_____	Artistic Taupe	Sherwin Williams	SW6030	Semi gloss
_____	Latte	Sherwin Williams	SW6108	Semi gloss
_____	Grassland Green	Sherwin Williams	SW6163	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. As a reminder residents MAY NOT paint, the kitchen, bathrooms, ceilings or fixtures.**

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 \$.____ 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. Paint on any fixture, such as carpet, doors, windows, tile, blinds or any other fixtures will be considered damage and will incur a charge at move-out.

Resident Signature: _____ Date: _____

Approval is granted to perform painting at this house. _____
(Site Name) Representative

Your request is disapproved for the following reasons: _____
(Site Name) Representative

Reasons for disapproval: _____