

# Paint Request Form

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

Rooms/Area to be Painted (excluding kitchen, bathrooms, fences, ceilings, and garages):  
\_\_\_\_\_

**I have elected to paint according to guidelines in:**

**Option A: Approved Color Palate - Painting Guidelines Must Use PPG Paint**

PPG distributor for the local area is C&S Paint: 6 Doris Ave, Jacksonville, NC 28540, (910) 455-0212. Please bring this form with you at the time of purchase. PPG paint base required.

| Color of paint to be used (maximum of two) | Color            | Stock #  | Finish   |
|--|------------------|----------|----------|
| <input type="radio"/>                      | Accessible Beige | HGSW2487 | Eggshell |
| <input type="radio"/>                      | Guilford Green   | HC-116   | Eggshell |
| <input type="radio"/>                      | Lantern Light    | SW6687   | Eggshell |
| <input type="radio"/>                      | Gray Cloud       | 2126-60  | Eggshell |

**Option B: Colors and Finishes NOT in the Approved Palate**

I understand and agree that painting will be completed following the guidelines of Atlantic Marine Corps Communities Interior Paint Policy. If I have chosen to use a color or finish not included in the Approved Color Palate, it is my responsibility to prime the painted wall(s) prior to move out or pay a charge of \$25 per wall per coat, payable upon move out. This charge will cover the cost of supplies and labor to restore the wall(s) 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 if appearance is acceptable. Community office must have the approved form on file. 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 \_\_\_\_\_  
AMCC Representative

Your request is denied \_\_\_\_\_  
AMCC Representative

Reason for denial \_\_\_\_\_  
\_\_\_\_\_

