

Paint Request Authorization

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 Painting Guidelines:

___ Option A Approved Color Palate – Paint to be purchased through PPG Paint 275 N. Chelton Colorado Springs, CO 80909 719-574-1200 -

Color of paint to be used: (maximum of two)	Color	Brand	Stock Number	Finish
_____	Nantucket Dune	PPG Paint	7527	Egg-shell
_____	Maison Blanche	PPG Paint	7526	Egg-shell
_____	Windsor Greige	PPG Paint	7528	Egg-shell
_____	Urban Putty	PPG Paint	7532	Egg-shell

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

 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 Palate, 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: _____