

The Casuarina Club Vendor Form

Date of Agreement: _____ Owner Name: _____

Unit Number: _____ Proof of Vendor Insurance Received: Yes No

Description of Renovation:

Name of Vendor:	Company Contact:
Address:	Phone:

Date of Renovations (to include begin & end dates) :
Will you need pads for elevator installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type noise will there be during this time?

I, as a representative of the Vendor named above, assume all responsibility for leaving the project premises as well as all common areas in a clean and orderly manner upon completion of this project. I further understand that any damage caused to the Association property or the property of any Owner or Resident will be my (our) responsibility to remedy to original condition.

Vendor Signature: _____	Date: _____
Owner Signature: _____	Date: _____
Board Member Signature of Approval: _____	Date: _____

Per CCOA 2018 amended Rules & Regulations, completion of this form is required prior to any apartment renovations, and serves as Board approval.

Acceptable work hours are 8am-7pm Monday through Saturday.

Failure to submit this form prior to the start of renovations could result in a fee assessed to the owner.