



RESIDENT SELF PAINTING REQUEST

Resident Name: _____

Address: _____ Unit: _____

City: _____ Date: _____ Time: _____

Contact Telephone: _____ (Please provide the best number to reach you and an alternate number)

Alternate Telephone: _____

I request permission to paint the following rooms in my leased premises myself. I understand that, if approved, all items must be performed in a professional manner and meet the standards acceptable to Agent.

Please submit a paint sample for consideration with this form.

Please describe in detail the items to be considered:

1.	
2.	
3.	

Resident Signature

Date

Agent Signature

Date

Agent Action:
<input type="checkbox"/> Approved
<input type="checkbox"/> Denied