**Resident Release Form**

Name of Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Date: (for Hi Tech Office Use Only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Description (counter, tub, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_

**Hi Tech Refinishing Inc. has been contracted to perform refinishing work in your apartment. Due to the use of paints and chemicals needed to perform the job, we must ask that a release of liability be read and signed by the lease holder. After you have read and understand the following steps required of you, please sign and return to your property manager.**

1. Please make arrangements for any and all pets to be out of the unit on day of job.
2. Please make arrangements for any and all persons to be out of the unit on day of job.
3. Please make arrangements for fish tanks to be tightly covered to prevent exposure to any airborne dust or chemicals.
4. Remove any and all objects in the room in which the work is being performed. This includes, but is not limited to pots, pans, food, pictures, phones, computers, stereos, money, plants, clothes, etc…;everything; ! A $25.00 charge will be assessed if we have to cover any items.
5. Cover any and all items in any rooms adjacent to room in which work is being performed.
6. The refinishing process will create lightweight dust. Even with the precautions that we, as well as you take, it will be impossible to completely eliminate the presence of dust.
7. Please allow at least 6 hours after job has been completed before entering your apartment.
8. If your home is on the second floor or above, we will be leaving some windows and sliding glass door (if available) open to help ventilate the odors.
9. As different people have different levels of sensitivities to certain chemicals and their odors, we must ask that you make the appropriate decision regarding the time at which you feel comfortable to re-enter or re-occupy your apartment.
10. Please allow at least 24 hours for surface to dry before using or placing items on them.
11. Do not use bleach, comet, Ajax, soft scrub (with bleach), green pads, etc to clean surface. 409 or fantastic with a soft cloth will be all you need. Please do not use suction cup mats on the surface of the tub. These two items void the warranty of the surface.
12. A Quality Control Technician will return the next business day to remove all paper, caulk in where necessary, etc.

**I have read and fully understand all requirements, responsibilities, and warnings as stated above. I hereby release Hi Tech Refinishing Inc. and the management company and/or its owners, from any and all liabilities resulting from my failure to do any of the above stated requirements. In addition, if I do choose to cancel the job(s) the day of the scheduled appointment, I will be responsible for a $50.00 cancellation fee.**

Resident’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Resident Contact Phone Number (for scheduling purposes only): (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this release form to your manager at least 2 days prior to scheduled work date. Work cannot be performed without this release.**