

## **Paint Request Form**

Resident Name:					
Address:					
Rooms/Area to be pain	<b>ted</b> (kitchen and bathrooms a	re not to be painte	ed) <b>:</b>		
I am electing to pai	int according to guide	lines in:			
		inics in.			
Option A: Approved Color Palate					
COLOR OF PAINT TO BE USED (MAXIMUM OF TWO)	COLOR	BRAND	STOCK#	FINISH	
	Garden Stone Gray	PPG	201558	Eggshell	
	Linen White	PPG	201227	Semi-Gloss	
	Latte Tan	PPG	201378	Semi-Gloss	
	Grassland Green	PPG	201379	Semi-Gloss	
		ļ.			
Option B: Colo	rs and Finishes NOT in t	he Approved I	Palate		
Paint Policy. If I have chos to prime the painted walls cost of approximately \$43 to restore the walls to thei followed the Interior Paint	at painting will be completed for en to use a color or finish not in prior to move out or pay a chat per room), payable upon move or original condition. If I have chat Policy, I may leave the painted dows, tile, blinds or any other f	included in the Ap irge of \$.35 per sq out. This charge nosen to paint usil wall(s) as-is at m	proved Color Palate, it uare foot of painted wa will cover the cost of sung an approved color allowe out. Any damage of	is my responsibility Il space (an average upplies and labor nd finish and have	
Resident Signature:			Date:		
☐ Approval is granted to	perform painting at this house	<u> </u>			
Your request is denied					
Reason for denial					