

Paint Request Form

Resident Name: _____

Address: _____

Rooms/Area to be painted (*kitchen and bathrooms are not to be painted*):

I am electing to paint according to guidelines in:

Option A: Approved Color Palette

COLOR OF PAINT TO BE USED (MAXIMUM OF TWO)	COLOR	BRAND	STOCK #	FINISH	
	<input type="checkbox"/>	Functional Grey	PPG	ProEV 12-510	Semi gloss
	<input type="checkbox"/>	Artistic Taupe	PPG	ProEV 12-510	Semi gloss
	<input type="checkbox"/>	Latte	PPG	ProEV 12-510	Semi gloss
	<input type="checkbox"/>	Grassland Green	PPG	ProEV 12-510	Semi gloss

Option B: Colors and Finishes NOT in the Approved Palette

I understand and agree that painting will be completed following the guidelines of the **Interior Paint Policy. As a reminder resident 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 Palette, 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 _____

SHC Representative

Your request is denied _____

SHC Representative

Reason for denial _____

Soaring Heights Communities LLC

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