

PAINTING APPROVAL NOTICE

DATE: _____

TO: _____
ADDRESS: _____

Dear Resident:

We authorize painting the premises with the following conditions:

1. A sample swatch is attached to this form and approved by us.
2. The work is done by a licensed contractor.
3. You are responsible for the quality of the job.
4. If paint is found on trim, windows, cabinets, floors or any other surfaces (except the walls), you are responsible for cleaning and damages.

You will____ will not____ be reimbursed for painting.

Amount of reimbursement_____

The premises must____ must not ____be painted back to the original color_____at your expense.

Please feel free to contact us should you have any questions.

Very truly yours _____

Name of apartment community, management company etc.