

PAINTING REQUEST FORM

BUILDING ADDRESS:		APT #:	
CITY:	STATE:	ZIP CODE:	
DAY TIME TEL. #:	EV	ENING TEL. #:	
LEASE START DATE:	DATE	OF LAST PAINT JOB:	
THREE WEEKDAYS WHEN I CA	AN BE IN MY APARTMENT I MUST BE AT LEAST 30 DAY	ED FOR A PAINTING JOB AND THE FOLLOWING BETWEEN THE HOURS OF 8:30AM TO 5:00PM (PL 'S FROM THE DATE THIS REQUEST FORM IS RECE	EASE
1	, 2	, 3	
OTHER BELONGINGS AT LEAS' PRIOR TO THE DAY MY APART AN ADEQUATE WORK AREA. DECORATIONS, PICTURES AND PRIOR TO THE DAY MY APAR' PROTECT ALL OF MY BELONGII I UNDERSTAND AND AGREE TH	T FIVE (5') FEET AWAY FROMENT IS SCHEDULED TO BE IN ADDITION, I WILL RED ANY OTHER OBJECTS FROMENT IS SCHEDULED TO NGS. IF I DO NOT PREPARE HAT THE PAINTERS MAY LED	NISHINGS, EQUIPMENT, CLOTHING AND ALL OF OM THE WALLS OF EACH ROOM IN MY APARTME PAINTED IN ORDER TO PROVIDE THE PAINTER WANTER OF EACH ROOM EVERY WALL AND WINDOW IN MY APARTMEDE PAINTED. I WILL ALSO COVER AND OTHER MY APARTMENT FOR PAINTING AS SPECIFIED HE AVE AND MY APPOINTMENT WILL BE CANCELED ERMINED BY YUCO MANAGEMENT, INC.	MENT WITH ADES MENT WISH EREIN
ALL FURNITURE, FURNISHINGS ANY LOSS OR DAMAGE ARISIN	S, EQUIPMENT, CLOTHING A IG OUT OF THE PAINTING W AMAGE CAUSED SOLELY B	BLE FOR ADEQUATELY PROTECTING AND SECUTION AND ALL OF MY OTHER PERSONAL PROPERTY FORK TO BE PERFORMED IN MY APARTMENT, EXIST THE GROSS NEGLIGENCE OR WILFUL MISCONIONK.	FROM CEPT
I AGREE TO AND UNDERSTAND	THE CONTENTS OF THIS FO	DRM.	
TENANT'S SIGNATURE:			
PRINT NAME:			

ALL PAINTING REQUESTS MUST BE MAILED, FAXED OR EMAILED TO YUCO MANAGEMENT, INC. 200 PARK AVENUE, 11TH FLOOR NEW YORK, NEW YORK 10166 FAX # (212) 994-2250

EMAIL: repairs@yucoinc.com

PLEASE NOTE THAT ALL PAINTING JOBS WILL BE SCHEDULED 30-60 DAYS AFTER RECEIPT OF YOUR REQUEST PROVIDED SUCH REQUEST IS WARRANTED UNDER YOUR LEASE AND IN ACCORDANCE WITH RENT STABILIZATION REGULATIONS, IF APPLICABLE.