

PAINTING REQUEST FORM

TENANT NAME:			
BUILDING ADDRESS:		AP	T #:
CITY:	STATE:	ZIP CODE:	
DAY TIME TEL. #:	EVENING TEL. #:		
LEASE START DATE:	DATE OF LAST PAINT JOB:		
THREE WEEKDAYS WHEN I	CAN BE IN MY APARTMENT YS MUST BE AT LEAST 30 DA	LED FOR A PAINTING JOB AND THE BETWEEN THE HOURS OF 8:30AM YS FROM THE DATE THIS REQUEST	TO 5:00PM (PLEASE
1	, 2	, 3	
PRIOR TO THE DAY MY APA AN ADEQUATE WORK ARE DECORATIONS, PICTURES APRIOR TO THE DAY MY APA PROTECT ALL OF MY BELON I UNDERSTAND AND AGREE RESCHEDULED FOR THE NEXT I FURTHER UNDERSTAND TO ALL FURNITURE, FURNISHIS ANY LOSS OR DAMAGE ARI SOLELY FOR SUCH LOSS OR OF THE OWNER'S CONTRACT	RTMENT IS SCHEDULED TO BE AS IN ADDITION, I WILL REAND ANY OTHER OBJECTS FOR ARTMENT IS SCHEDULED TO REPARE THAT THE PAINTERS MAY LIKE AVAILABLE DATE, AS DET STATE I AM SOLELY RESPONSINGS, EQUIPMENT, CLOTHING SING OUT OF THE PAINTING SENDER OF THE PAIN		THE PAINTER WITH N BLINDS, SHADES, IN MY APARTMENT ER AND OTHERWISE S SPECIFIED HEREIN BE CANCELED AND, INC. ING AND SECURING AL PROPERTY FROM PARTMENT, EXCEPT
	ND THE CONTENTS OF THIS F		
TENANT'S SIGNATURE:			
PRINT NAME:		DATE:	
A	LL PAINTING REQUESTS MUS YUCO MANAGA 295 MADISON AVE	EMENT, INC.	

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.

NEW YORK, NEW YORK 10017 FAX # (212) 994-2250