



SurfaceConnection

DON'T REPLACE. REFINISH AND REFACE

**ATTENTION RESIDENT
Work needs to be done in your home**

Property Name _____

Property Phone Number (_____) _____

Apartment # _____ Date _____

Please be aware that on _____ we will be resurfacing in your home

Items to be resurfaced _____

Special Instructions No People or pets in unit while technician is working _____

**PLEASE READ AND FOLLOW ALL INSTRUCTIONS IN ORDER FOR THE WORK
TO BE PERFORMED ON THE MENTIONED DATE**

THIS DOCUMENT MUST BE SIGNED AND GIVEN BACK TO THE APARTMENT MANAGER

The resident / occupant must: Remove all items away from the surface to be glazed. Items in close proximity of that surface must also be moved away to avoid damages. (Move items into an enclosed room where resurfacing is not being done.) If you have a leaky faucet this must be fixed prior to us coming, please notify the office immediately so they can have it fixed or reschedule if needed.

Neither Surface Connection or its subsidiaries nor the management of the apartment complex will be held liable for overspray, dust or damage to all items not removed. The resurfaced item(s) cannot be touched nor used for 24 hours after completion to allow the coating to dry completely.

****IMPORTANT HEALTH HAZARD PRECAUTION-DISCLAIMER****

It is recommended that the resident not be present while work is being performed. Fumes will dissipate within 2 to 4 hours after the resurfacing is complete. If you should notice a strong discomforting odor when you return then you may want to leave and return later or open doors and windows to air out your home. The tolerance of each individual is different depending on many factors like weight, age, medical history, etc. Surface Connection will not be held liable for any problems arising from resident wanting to be present while work is being performed. Resident must wait at least 24 hours after resurfacing is complete to shower and 72 hours after completion to take a bath in the resurfaced bathtub.

The following volatile liquids constitute the fume releases: Xylene(f3n), Polyamide Resin(f), Propylene Glycol, Monomethyl Ether(fn), Stoddard Solvent(fn), Trimethylbenzene(f3n), n-Butyl Alcohol(f3n). If you are allergic to any of the above, please notify the manager in writing and DO NOT sign this disclaimer. If you have any doubt please contact your doctor. We care about your comfort and health.

I, _____ the resident in apt# _____, have read every word of this document and agree to the terms within. You may resurface the item(s) specified as scheduled above.

Signature of resident/responsible party: _____ Date: _____

You the resident will be responsible for a \$25 service charge, payable to the apartment complex, if the technician can not perform the job because tenant refused work to be done on agreed scheduled date or items not removed from work area.

**PLEASE FAX BACK TO 877-207-8578 BY 12:00 P.M. THE DAY PRIOR TO THE DATE
SCHEDULED TO AVOID YOUR APPOINTMENT BEING CANCELLED**