Building # _____Unit # _____

POLICIES AND PROCEDURES

Contractor Information Form

Owner(s) Name: _____

Owner(s) Email: _____Owner(s) Phone: _____

(Please check one of the following boxes.)

_____Windows/Doors _____Electrical _____Flooring

_____Front Deck/Front Door _____Mechanical _____Cabinetry

_____Plumbing _____Other _____Painting

☐ **I will not be using contractors; but, will instead be doing the following construction work myself. (Skip to page two to complete the form.)**

Contractor(s) #1 Name: _____
Contractor(s) Email: _____Contractor(s) Phone: _____
Start Date: _____Completion Date:_____
Type of Work to Be Completed: _____
_____

Contractor(s) #2 Name: _____
Contractor(s) Email: _____Contractor(s) Phone: _____
Start Date: _____Completion Date: _____
Type of Work to Be Completed: _____
_____

If more than 2 contractors, please list additional contractors and contact information on that back of the page.

Description of work to be done by each contractor. Please be as specific as possible (if more room is needed, please use the back of sheet).

Owner(s) Name PLEASE PRINT Owner(s) Signature Date

OFFICE USE ONLY:

POA approved _____ POA declined _____ Date_____

POA Board Member (signature) _____

Board members notes and suggestions.

Reference Source: Strategic Plan 2023. Section 1. Action Item C. Contractor Permitting Form.

SUBMISSION INSTRUCTIONS

1. Form may be used for more than one contractor or activity. Use additional sheets or print out additional forms if necessary.
    a. Note, if the same contractor or contractors will be working on multiple units, you must complete separate forms for each unit.

2. Scan / photo the completed form and email a copy to:

   thecoveonindianpoint@gmail.com