

Date Received _____

MALIBU VILLAS PROPERTY OWNERS ASSOCIATION, INC.

1405 Malibu Circle NE, FL 32905
(321) 984-7156 Office (321) 984-7818 Fax

HURRICANE SHUTTERS REQUEST FORM

1. THE BOARD OF MALIBU VILLAS HAS APPROVED FOR ANY OWNER TO HAVE INSTALLED HURRICANE SHUTTERS BY A PROFESSIONAL INSTALLER, WHICH WARRANTIES AGAINST ANY LEAKS OR DAMAGE TO THE STUCCO.
2. **PRIOR TO INSTALLATION**, THIS FORM MUST BE SUBMITTED FOR THE BOARD’S OR THEIR DESIGNATED REPRESENTATIVE’S APPROVAL.
3. THE MAINTENANCE OF THE HURRICANE SHUTTERS IS THE FULL RESPONSIBILITY OF THE UNIT OWNER.
4. THE OWNER UNDERSTANDS THAT INSURANCE COVERAGE FOR THE HURRICANE SHUTTERS WILL **NOT** BE COVERED UNDER THE ASSOCIATION’S INSURANCE POLICY FOR ANY REASON.
5. SHOULD THE OWNER DECIDE TO REMOVE THE HURRICANE SHUTTERS, THEN ALL COST TO REPAIR THE UNITS STUCCO WILL BE THE SOLE RESPONSIBILITY OF THE OWNER.

I HAVE READ AND UNDERSTAND THE ABOVE GUIDELINES AND I AM MAKING APPLICATION TO THE ASSOCIATION FOR HURRICANE SHUTTERS TO BE INSTALLED ON MY UNIT. WHEN THE HURRICANE SHUTTERS ARE INSTALLED, I WILL NOTIFY THE MANAGER AND AN INSPECTION WILL BE MADE AND ANY PROBLEMS WILL BE CORRECTED.

Building and Unit #	Signature of Owner	Date
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The Architectural Review Committee of Malibu Villas POA, Inc., or it’s Designee, does hereby rule on this request for an entry gate.

APPROVE DENIED

Reason for Denial

Date

Authorized Signature and Title