

RESENDIZ BATH REFINISHING

CA LIC. #1109212

OCCUPIED UNIT DISCLOSURE FORM

Resident / Property Manager: Please carefully read and agree to follow the project conditions stated below:

1. Occupant and Pet Safety Clearance

The resident explicitly acknowledges and agrees that **NO people and NO pets** are permitted inside the unit for the entire duration of the active refinishing process. Additionally, a strict wait time of **3 hours post-completion** must be observed before re-entering the unit to ensure safe exposure levels.

2. Workspace Clearance & Preparation Parameters

The resident agrees to completely remove all personal belongings and loose items to a distance of **at least 10 feet away** from the active working area before the technician arrives. Technicians are strictly prohibited from moving any personal property. If the items surrounding the fixture to be refinished are not cleared to allow proper prep work, it will result in an immediate **\$135.00 cancellation fee**.

3. Protection Against Airborne Dust Particles

Residents are strongly advised to safely cover or protect any **dark furniture** located outside the immediate zone. The refinishing process naturally produces ultra-fine airborne dust particles after the job is performed. Our technician will mask and cover necessary items situated within a 10-foot perimeter of the workspace before any repairs or spraying procedures begin.

4. Health Sensitivities & Fume Protocols

The resident understands that professional resurfacing products emit strong compound odors and dust that may personally affect individuals or guests who suffer from **allergies, asthma, respiratory illnesses**, or any other pre-existing medical conditions sensitive to chemical vapors.

5. Liability and Mandatory Relocation Restrictions

Resendiz Bath Refinishing will not execute any on-site operations if the resident fails to comply with the guidelines listed above. Resendiz Bath Refinishing will not be held responsible or financially liable for damages to personal property arising from non-compliance. Furthermore, our company will not pay or reimburse any costs associated with the off-site relocation of residents, surrounding tenants, or neighboring units due to odor or fume sensitivities. It is the sole responsibility of the Property Manager/Management Company to notify all surrounding units in advance regarding the scheduled work.

*** Note regarding Access Fees:** A Trip Charge Fee will be applied to the account if the resident refuses entry to the technician upon arrival. Additional premium fees apply to all occupied or fully furnished units.

*** Form Submission Deadline:** Please text or email this signed form back by **2:00 PM prior to the scheduled date of work**. If the completed document is not received by this deadline, the job will not be performed. Please call our office immediately to reschedule if needed.

I HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS OF THIS AGREEMENT ABOVE:

Property Name: _____

Resident Name (Print): _____

Property Manager Name: _____

Resident Signature: _____

Manager Signature: _____

Resident Phone #: _____

Date Scheduled: _____

Resident Email: _____

Apartment / Unit #: _____

Phone: **(760) 539-2549**

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Email: **gprorefinishing@gmail.com**