

Service Date: _____
Arrival Time: 8 A.M.-11 A.M.

Notice to Enter Dwelling Unit And Conditions

Property Name: _____ Unit# _____

Tenant/Manager Instructions and Conditions to Agree and Follow:

- To no people or animals(of any kind) be present at any time the technician is working in the unit and the tenant must wait 4-6 hours after the job is completed to return to the unit, and must wait 24 hours after reglazing for the product to cure and be used. Quality control will follow the next working day(except weekends, holidays or otherwise specified by PREMIER BATH). Please ventilate the unit when you return, and open windows, and run fans, when possible, we will not leave windows open or be responsible to ventilate after the job has been perform.
- To clear any tenant personal items in or around the working area, this includes the walking path to access the working area, at least 8ft away from the area, please follow tech's requirements. The technician is not allowed to move any item, failure to follow this instruction will result in a cancellation fee, rescheduling fee, or waiting fee. **The fee is \$148.00. *Job will not be performed if the form is not received 24hrs prior, fees may apply. Email Form at "production@bathpremier.com".**
- To tenant to cover any dark furniture, we will cover as much as possible but expect dust particles.
- To understand reglazing might affect you or anyone that suffers from allergies, asthma, or other conditions caused by paint odor and dust. Our products are compliant for residential use and are safe.
- **Premier Bath Reglazing will not be responsible or pay for: Items damaged due to the tenant not following these instructions and conditions, Premier Bath Reglazing will not pay or be responsible for relocating surrounding tenants or units where work is performed due to sensitivity to fumes or strong odors. This includes travel, hotel room, and any cost related to relocation. The property manager is responsible to notify surrounding units in advance before work is performed, this includes the unit that is scheduled to be worked on.**

B a t h R e g l a z i n g

I Acknowledge That I Have Read And Understand The Terms Of This Agreement As Detailed Above:
Parties Please Sign Below:

Manager/Owner:

Signature

Print Name

Today's Date

Tenant/Resident:

Signature

Print Name

Today's Date

***Additional Fee to Furnished or Occupied Units/ *Form must be signed and sent 24hrs prior to scheduled date**