POWERHOUSE
HOME & COMMERCIAL SERVICES

RESURFACING OCCUPIED WAIVER

On_____Powerhouse Construction has been scheduled to resurface your tub and /or countertops in your unit #_____. Due to the strong odor of the resurfacing paint, you should not be present during the time of service, however it is required that you read these terms and sign with approval. In order to assist Powerhouse Construction with providing efficient and professional work, we ask for your cooperation in completing the following required steps prior to our arrival.

1. All items (i.e. shampoo, conditioner, razors, shower curtain, shower caddy, loofa, etc.) will be removed from the tub and/or shower and removed from the area.
2. I understand that I am required to be out of the apartment at the time of service and for at least 12 hours afterwards.
3. I understand that I will be unable to use the tub for the following 48 hours after resurfacing.
4. All items on the surface of the countertops will be removed from the area of where the services will be taking place.
5. I understand that I will be unable to use the countertop(s) for the following 48 hours.

Please read and initial one of the following options:

_____**I agree to the above guidelines and will have my apartment prepared prior to the arrival of Powerhouse.**

This form must be signed and returned via fax/e-mail prior to resurfacing services. If the above requirements are not met, our team will not be able to start the resurface project. If the above guidelines are not followed, warranty will be voided and a separate change order will be submitted for repairs.

By signing below, the resident acknowledges and agrees with the above requirements. The resident agrees that Powerhouse Construction will not be held liable for broken, damaged or missing items resulting from non-compliance.

Property Name	Property Agent Signature	Date
Resident Street Address	Unit #	**Date of Service**

Resident Name	Resident Signature	Date
Resident Name	Resident Signature	Date
Resident Name	Resident Signature	Date
Resident Name	Resident Signature	Date
Resident Name	Resident Signature	Date
Resident Name	Resident Signature	Date