



Occupied/Furnished Unit Preparation

Property Name: _____

Email: _____

Date Scheduled: _____

Arrival time 8 a.m. and 12 noon (window of time)

Resident and Property Manager: Please read the following Conditions and sign your agreement where indicated at the bottom of this page. **Property Manager: Please email back by 3:00 p.m. prior to scheduled date of work. work@alliancebath.com**

1. Resident/Manager agrees that he/she will clear items from fixture to be reglazed (clear kitchen counter, vanity, bathtub, shower, etc.) and remove ALL personal items in the area, within twelve (12) feet, by 8:00 a.m. on the day work is to be done. Work area should look like a vacant area with items only inside of cabinets. This includes removal of items on top of fridge and cabinets. Technician will cover all other items as necessary, 8 to 10 feet from work area. **If you have dark furniture in adjacent rooms, please cover;** reglazing dust particles may be in the air after spraying and may show on dark surfaces.
2. Resident/Manager understands that if item to be refinished is not cleared, or adjacent areas are difficult to prep due to the amount of items in the area, the **job will be cancelled, and a cancellation fee will be charged.**
3. Resident/Manager acknowledges and understands that no people or pets/animals can be in the residence during the reglazing process and 4 to 6 hours after completion of the work.
4. Resident/Manager acknowledges and understands that the reglazed item cannot be used for 24 hours after reglazing.
5. Though all products used by Alliance Bath are compliant for residential use, Resident acknowledges and understands that the reglazing process performed by Alliance Bath might cause upset to people who are allergic, asthmatic or have any condition that might cause a reaction to dust or paint odors.
6. Alliance Bath recommends that windows remain open, when feasible, until the odor dissipates.
- 7. Alliance Bath will not perform any work if the resident does not follow the instructions above and will result in a cancellation fee.**
8. Alliance Bath is **NOT** responsible, and will **NOT** pay for, personal items damaged as a result of any of the above Conditions not being followed. Additionally, Alliance Bath is **NOT** responsible for any costs associated with relocating an occupant in the event of fume sensitivities or odors from the unit being reglazed or surrounding units. It is the responsibility of the Resident Manager or Management Company to notify all affected residents in the area.

I have read, understand and agree to the information above. Manager or authorized signer must sign. Resident signature is optional, but Manager/Property assumes all responsibility and liability for unit being reglazed.

Resident Signature: _____

Manager/Authorized signer: _____

Print Name: _____

Print Name: _____

Apartment #: _____

Date: _____

Tenant Phone #: _____

FAX: 866-299-7907 □ EMAIL: WORK@ALLIANCEBATH.COM

If this COMPLETED form is not received 3:00 p.m. prior to scheduled date of job, work will not be done. Please call to re-schedule.

Tel: 925-679-7532



COVID-19 Health Questionnaire

Resident and Property Manager: Please read the following Conditions and sign your agreement where indicated at the bottom of this page. **Property Manager: Please email back by 3:00 p.m. prior to scheduled date of work. work@alliancebath.com**

PLEASE CHECK IF ANY APPLY

- In the last 14 days have you or anyone in your home had any fever, coughing, sore throat, shortness of breath or any other symptoms?
- In the last 14 days have you or anyone in your household returned home from any travel outside of the immediate area?
- In the last 14 days have you or anyone in your home had loss of taste or smell?
- In the last 14 days have you or anyone in your home been exposed to covid-19?
- In the last 14 days have you or anyone in your home tested positive for covid-19?

***Due to the number of covid-19 cases rising we ask that the tenant(s) be ready to leave their unit and have the area to be reglazed, cleared of any items no later than 8am on the day of the scheduled appointment. We also ask the tenant(s) wear mask when opening the unit for our technicians. If these guidelines are not followed the unit will be cancelled immediately and a cancellation fee will be charged. Thank you for your understanding.**

Resident Signature: _____

Print Name: _____

Manager/Authorized Signature: _____

Print Name: _____