REQUEST FOR SLIDER REPLACEMENT		UNIT #		
Name	:	Date:		
Which slider are you replacing? Circle one: Dining Room Bedroom Cellar			Cellar	
	does the slider need to be replaced? (Ex. Broken glass). Note: The Association will help pay for replacement			
	RUCTIONS:			
	Complete this form and submit it to the Board of Trus Trustees or their representative will determine if the			
	If a new slider is approved, Board of Trustees will pa	y one half (up	to \$750) toward the	
1	replacement door. Unit owner is responsible for all o			
٦.	4. You may select any appropriate replacement door, provided it is vinyl clad on the outside to match the color of the existing door, and schedule installation.			
	5. Installation must be completed by a reputable, licensed, insured installer.			
6.	Old door and all construction materials and debris method the installer.	ust be remove	ed from the property by	
7.	Once installation is complete, you must submit a cop	y of the purch	ase receipt which	
	clearly shows the name of the retailer, the brand and style of door, and the installed			
	price of the door. If slider is part of a larger project, t	he above info	rmation must be	
8.	clearly stated. The Board of Trustees or its representative will inspe	ct the door as	s soon as possible but	
	not more than fourteen (14) days after we receive the	e purchase re	ceipt. A check, made	
•	out to either the retailer or the unit owner, will be issu			
9.	Please note: If you wish to have the new slider connected to your security system, you will need to hire an alarm company to do this work.			
Name	of retailer:			
	ation date:			
I have	e read the above and agree to the conditions.			
Signed			 Date	
	cial use only:			
Inspected by:		Inspection date:		
Insp	pector comments:			

Name of Payee

Check No.

Date of Check