



FAETHORNE PLACE HOUSING CO-OPERATIVE INC.

PAINT REQUEST FORM

Please complete and return to Maintenance File Folder beside Co-op Office.

Name: _____ Date: _____

Unit # _____ Phone: _____

List the rooms you wish to paint

I wish to paint the ceilings Yes No

May the paint delivery person enter your unit in the event you are not home? Yes No

When is the best time to reach you by phone to arrange an appointment to deliver the paint?

Member Signature: _____