



Vendor Registration Form

Owners Name: _____ Unit# _____

MECHANICAL, ELECTRICAL & PLUMBING

- *City of Clearwater permits are required for all work.
- *Qualified tradesmen should make all repairs and installations.
- *Hired professionals or contractors to your unit must work between the hours of 8:00 am to 6:00 pm, Monday thru Friday. Saturday work is permitted but must be soft work only, (i.e. painting, wallpapering .no loud construction type of work).
- *Residents are not permitted to do loud & noisy construction type work on Sunday or Legal Holidays, nor before 8:00 am or after 6:00 pm on any other day of the week.
- *Work supplies/equipment may not be stored in the foyers, lobby, stairwells, fire halls or fire exits.
- *Workers may not use the grocery carts provided for residents in the garage, to haul their equipment of any kind.

MOVING & DELIVERIES

- *Moving in or out of the building is limited to Monday through Friday, between 8:00 am and 6:00pm.
- *All moving must be scheduled with management in ample time to avoid conflicts for the elevator use, as well as install elevator pads for their protection.
- *A three hundred dollar (\$300) damage deposit is required prior to moving in or out. After the manager and/or Association attendants determine there has been no damage during the move in/out, the check will be returned to you.**
- *Carpet covering must be provided by the moving company, the owner or Delivery Company for the lobby, elevator and foyer if moving in/out during inclement weather or using heavy roller equipment.
- *Owners/tenants are responsible for immediately removing all packing boxes, paper, insulation and other debris to the dumpsters. **BOXES MUST BE BROKEN DOWN**, to preserve space. Maximum size is 2 ft. X 2 ft.
- *Association personnel may not participate in any delivery or moving function for loading or unloading.

Company: _____ Representative Name: _____

Type of work/Delivery: _____

I _____ the owner of unit# _____ allow the above company to enter my unit for the purpose of _____, from _____ to _____. I understand that only the above-named company will be allowed access to my unit. If there are other vendors that need access to the unit I must notify in writing the CSKC front desk.

___ I understand that I am responsible to provide the key to the vendor, or have someone to meet them to allow access.

___ I am requesting the association to use the emergency key to allow vendor access to my unit. I agree to hold harmless Clearwater Sand Key Club Inc NO 1 Owner's Association, its property management representatives, designees, employees and Board of Directors from any liability.

I further understand I will be responsible for any damages the above vendor does to the community common areas.

Please note vendor forms will be disposed of once the vendor is done. CSKC does not keep vendor sheets on file.

Signature of unit owner: _____ Print: _____

Email: _____ Phone# _____

Please fax to #: (727) 595-5191 or email ndisparte@resourcepropertygmt.com