## REQUEST FOR SLIDING DOOR REPLACEMENT

| lame:<br>Init Nui                                       | mher:   |   |                  | Date of Request: How many sliders in your unit? |                      |  |
|---|---|---|------------------|---|----------------------|--|
|   | lider needs replacement?  | Circle one:   | Bedroom          | Dining Room                                     | Cellar               |  |
| VIIICII SI  | nder needs replacement?   | Circle one.   | Deditooni        | Dilling Room                                    | Cenai                |  |
| Vhy doe   | es the slider need to be repla  | aced? (Ex. brok   | en glass, core o | of door is rotten, har                          | d to open and close) |  |
|   |   |   |                  |   |                      |  |
|   |   |   |                  |   |                      |  |
|   |   |   |                  |   |                      |  |
|   |   |   |                  |   |                      |  |
|   |   |   |                  |   |                      |  |
|   | ASE NOTE:   |   | 1 24 14 4        | D 1 CT 4  | DI '1                |  |
| 1.  | Prior to door purchase, the to the address at the botto   |   | submitted to th  | e Board of Trustees                             | . Please mail        |  |
| 2.  | The manager will determine  |   | eds to be replac | ed.   |                      |  |
|   | If a new slider is approved, the Board of Trustees will pay ½ of the cost of a replacement  |   |                  |   |                      |  |
|   | door up to a maximum of \$750, with the check payable to the retailer, and the balance of   |   |                  |   |                      |  |
|   | the door, if any, and the installation to be paid by the unit owner.  |   |                  |   |                      |  |
| 4.  |   | Any appropriate replacement door may be selected, however it must be: |                  |   |                      |  |
|   | <ul> <li>All vinyl clad on the outside to match the color of your existing door</li> <li>Installed by a reputable, licensed, insured installer</li> </ul> |   |                  |   |                      |  |
| 5.  | • •   |   |                  |   | completely           |  |
| ٥.  | removed from the prope  |   |                  | III debi is iiidse se                           | <u>eompietery</u>    |  |
| 6. A copy of the purchase receipt <b>must</b> be submit |   |   |                  | Board of Trustees t                             | o be placed          |  |
|   | in the permanent file for t   |   |                  |   | •                    |  |
| REM   | INDER:  |   |                  |   |                      |  |
|   | our slider is connected to yo   | our alarm system  | n. For your cor  | ntinued security, you                           | ı'll need an         |  |
|   | arm company to reconnect  |   | •                |   |                      |  |
| Name of retailer  |   |   |                  | Anticipated installation date                   |                      |  |
|   |   |   |                  |   |                      |  |
| I have  | read the above and agree t  | o the conditions  |                  |   |                      |  |
| Thave   | read the above that agree t   | o the conditions  | •                |   |                      |  |
| Si  | gned  |   |                  |   |                      |  |
| DI,   | D   |   |                  |   |                      |  |
|   |   |   |                  |   |                      |  |

Mail to: Board of Trustees, 200 Lambert Terrace No. 87, Chicopee, MA 01020

Dated