

**DESTINY SPRINGS CONDOMINIUM
UNIT ARB FORM**

ODIN PROPERTY MANAGEMENT LLC. / 8 W. DARLINGTON AVE., KISSIMMEE FL 34741
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UNIT ADDRESS

OWNER NAME: _____

PROPERTY ADDRESS: _____

EMAIL 1: _____

EMAIL 2: _____

HOME PHONE # _____

CELL PHONE # _____

APPLICATION INFORMATION

WINDOW REPLACEMENT: _____ DOOR REPLACEMENT _____ SCREEN REPLACEMENT: _____ INTERIOR REPAIRS _____

PLUMBING _____ ELECTRICAL _____ A/C REPAIR _____ OTHER: _____

DETAILS: _____

CONTRACTOR INFORMATION: _____ (PHONE) _____

LICENSE: _____ INSURANCE: _____

PROJECTED DATES FOR IMPROVEMENTS FROM: _____ TO: _____

I, _____ UNDERSTAND THAT I AM RESPONSIBLE FOR THE PERFORMANCE OF MY CONTRACTOR WHILE WORKING IN MY UNIT. I FURTHER AGREE THAT ALL CONSTRUCTION DEBRIS WILL BE MY RESPONSIBILITY AND SUCH DEBRIS WILL NOT BE DISPOSED IN ANY COMMON AREA OR AT THE CONDOMINIUM DUMPSTERS. I/MY CONTRACTOR WILL REMOVE FROM SITE AT OUR OWNERS EXPENSE. I AM FULLY RESPONSIBLE FOR ANY VIOLATION OR DAMAGES CREATED BY MY CONTRACTOR OR CREW.

PRINT: _____ OWNER SIGNATURE: _____

OFFICE USE ONLY

RESULTS: APPROVED _____ DENIED _____

BOARD SIGNATURES:
