

*****A Work authorization form must be completed for all exterior work on your home and property except window, gutter cleaning and black sealing of your driveway.

WORK AUTHORIZATION FORM

DATE: _____, 2012

NAME: _____

ADDRESS: _____

PHONE (day): _____ (evening): _____

E-MAIL ADDRESS: _____

SCOPE OF WORK: *(you may attach a copy of the proposal received from the contractor)*

USING BENJAMIN MOORE PAINT: _____ YES _____ NO

PAINT COLOR(s): _____

CONTRACTOR NAME: _____

Insured: _____ YES _____ NO *(If you do not have a copy of the Certificate of Insurance attached to this work authorization form, we cannot approve the requested work.)*

Copy of Certificate of Insurance is attached to this request: _____ YES _____ NO
(Additional Insured is Ipswich Club Homes Homeowner's Association and you; be sure your name and address appears as well)

If you do not have a copy of the Certificate of Insurance attached to this work authorization form, we cannot approve the work requested.

If applicable, a copy of a permit from the Town of Ipswich to perform this work is attached:

_____ Yes _____ NO *(If you do not have a copy of the permit from the Town of Ipswich attached to this work authorization form, we cannot approve the requested work.)*

Date(s) you expect work to begin: _____

HOMEOWNER(s) signature(s)

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