

**LAKE CLARKE GARDENS CONDOMINIUM ASSOCIATION
WATER SHUT OFF REQUEST**

PLEASE PRINT

Date (Month, Day, Year) of this Application: _____

PRINT Name(s) of Unit Owner(s): _____

Street Address (City, State, Zip Code): _____

LCG Building No. _____ Unit No. _____ Email Address: _____

Phone Number: () _____ Fax: () _____

DATE REQUESTED FOR WATER TO BE SHUT OFF: _____

TIME REQUIRED TO COMPLETE THE REPAIRS/UPGRADE: _____ HOURS

BRIEF DESCRIPTION OF REPAIR/UPGRADE (Attach separate page(s) if necessary):

COMPANY, VENDOR, CONTRACTOR, ETC, INFORMATION:

Name, Address, Telephone Number:

Copies of the Company's/Vendor's/Contractor's/Etc.:

1. Certificate of Liability Insurance with Lake Clarke Gardens as the Certificate Holder
2. Workers Compensation Insurance
3. Required PALM BEACH COUNTY/STATE OF FLORIDA License(s)

Owner's Signature

Date