## **Banana Bay Hurricane Shutters Form**

Unit Number:	Owner Name:			
Date of Application:	Planned D	ate of Installation: _		
Unit Structure Inspected B	v Banana Bav Mainten	ance:		
Contractor Business Name	o.	Name Phone:		Date
Contractor Dusiness Name				
Address:	Li In	cense Number: surance Agent:		
<ol><li>Current Brevard C</li></ol>	nd Workman's Compensa County Business license y of Cocoa Beach has giv hat may be required		⁄al	
Bay Rules, and For the second	Contractor verify that Policy & Procedures for nutters. The Unit Owner installation of Hurricane responsibility transfers fires removal of the huttorage in a manner of Contractors. If hurring a Bay nor its contract a Bay is not responsible	the type, style, color, or understands that Shutters are the conto future owners. If restriction should be a shutters, the that does not interested agrees to a minimators will not necess.	, installation s all costs ass inplete respor epairs and/or erfere with l not remove mum charge ssarily reinst	specifications sociated with nsibility of the maintenance will arrange Banana Bayed to permit of \$500 for tall hurricane
Signatures:				
Signature Unit Owner	Date	Contractor Signature		Date
Banana Bay Approval:				
	Printed Name	Signature	Title	Date
When application is complete Clover	e, email, mail, deliver to: Key, Inc			

110 Imperial St. Merritt Island, FL 32952 Office: 321-735-7624

Email: office@cloverkeyservices.com