TURTLE BAY CONDOMINIUM
CONTRACTORS SCOPE OF WORK

Today's Date _____

Contractor's Name _____

Unit Number _____

Unit Owner's Name _____

Start Date _____

Estimated Completion Date _____

Permit Required Yes_____ No_____

Asbestos Report Yes_____ No_____

Describe Work to be Performed:

_____
_____
_____
_____
_____

I have read and understand Turtle Bay's General Conditions for Unit Work:

Signed:_____
Contractor Name

Insurance (GL) _____ W.C._____
(PLEASE PROVIDE CURRENT POLICIES CERTIFIED TO TURTLE BAY)

GC License #: _____

License #_____ License #_____
Electrician Plumber