Greek Housing
Paint Approval Form

Chapter: ___________________________  Date: ___________________________

Address of Greek House: __________________________________________________

Contact Person: ___________________________  Phone: ________________________

Email: ___________________________  SMC#: ___________________________

Room/ Area to be Painted: __________________________________________________

Color of Paint: ___________________________  Trim Color: ______________________

Type of Paint (Must be latex, at least medium grade; Pittsburgh and Sherwin Williams are recommended):

________________________________________________________________________

Would you like the Service Department to get the paint for you?  □ Yes  □ No

Would you like to pay the Service Department to paint for you?  □ Yes  □ No

Are there any other projects you would like to request approval for?  □ Yes  □ No

Please describe other projects: _____________________________________________

________________________________________________________________________

Bedroom Agreement

I/we understand that the completed paint job must be satisfactory as determined by the Otterbein University Service Department. A sub-standard outcome may result in the need for the Service Department to repaint the area at my/our own expense. Once my/our residency has expired I/we will do one of the following:

1. Return the room the its original color, or
2. Obtain a written agreement from the new occupants accepting responsibility to return the room to its original color.

Name:____________________  Signature:____________________  Date:______________

Name:____________________  Signature:____________________  Date:______________

Common Area Agreement

We understand that the completed paint job must be satisfactory as determined by the Otterbein University Service Department. A sub-standard outcome may result in the need for the Service Department to repaint the area at the chapter’s expense. In the event that our lease is not renewed, we will return the area to its original color.

President:____________________  Signature:____________________  Date:______________

Advisor:____________________  Signature:____________________  Date:______________

The above request is approved: ____________________________________________