

Scottsdale Shadows
PROJECT COMPLETION FORM
(to be submitted to the RCI Maintenance office)

Unit Owner must complete this form and submit upon completion of your project. Your deposit will be withheld if this form is not completed and submitted upon completion of your project. Your deposit will be returned once the Association Representative has reviewed and approved.

BUILDING: _____ UNIT: _____ ASSOCIATION _____

OWNER NAME: _____

OWNER PHONE: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE: _____

PROJECT MANAGER: _____

PROJECT MANAGER PHONE: _____

ACTUAL COMPLETION DATE: _____

ACTUAL WORK COMPLETED: _____

Owner Signature: _____

Print Name _____ Date: _____

MAINTENANCE ADMINISTRATOR CHECKLIST

_____ Receipts for material attached, as required.

_____ Any required proof of compliance per applicable Addendum attached.

___ ___ Damage Deposit Inspection Report (Copy of signed checklist).

Deposit Amount: _____ \$

Damage Holdback _____ \$

Amount Returned _____ \$

ASSOCIATION APPROVAL *

*Approval granted is contingent upon the owners' and contractors' compliance with City of Scottsdale requirements for licensing and permitting.

APPROVED BY: _____

PRINT NAME: _____ DATE: _____

BOARD POSTION: _____