Castle #12 Condominium, Inc.

C/o Renaissance Management Group, Inc,
1773 N. State Road 7, Lauderhill FL 33313
954-693-9989 | info#rmgsouthflorida.com

ROOF ACCESS REQUEST FORM

At least 24-hour notice must be given
Only the vendor on this form will have authorization to access the roof
Email completed request form and documents to info@rmgsouthflorida.com

Unit Owner (s): _____

Phone Number: _____ **Email:** _____

REASON FOR ROOF ACCESS:

_____

_____

_____

START TIME: _____ **AM / PM** (circle) **END TIME:** _____ **AM / PM** (circle)

Contractor Company Name: _____

Contact Person: _____ **Phone:** _____

Documents Required:

1. Business License
2. Proof of Workers Comp. or Exemption
3. Certificate of Insurance with the Certificate Holder as:

   Castle #12 Condominium, Inc.
   4751 NW 21st Street
   Lauderhill, FL 33313

ACKNOWLEDGMENT:

I acknowledge that I have read and understood the condominium's roof access policies and agree to adhere to all safety protocols and guidelines.

Owner Signature: _____ Date: _____

Please email this form to info@rmgsouthflorida.com or drop it off at 1773 N State Road 7, Lauderhill, FL 33313

For questions, please contact Renaissance Management Group at 954-693-9989