

**CROSSPOINTE VILLAGE HOMEOWNERS ASSOCIATION
SKYLIGHT CAULKING AUTHORIZATION FORM**

Name: _____ Date: _____

Property Address: _____

Date the Property Was Purchased: _____ Account #: _____

Work Phone: _____ Home Phone: _____

Skylight Type: Opening: _____ Non-Opening: _____

Date Installed: _____

(Circle One) actual date installed / estimated date installed / existed prior to ownership

I authorize the Association to caulk the skylight dome, as needed, as preventative maintenance on the skylight at the unit. I understand that, as the owner, I am responsible for the replacement of the skylight and that I am responsible for any interior damage caused by the leaking of the skylight. I also understand that architectural approval is required prior to the replacement of the skylight and only licensed and insured contractors are to be used.

THIS FORM MUST BE COMPLETED AND SIGNED BY THE OWNER AND RETURNED TO CARDINAL PROPERTY MANAGEMENT, INC. PRIOR TO THE CAULKING BEING COMPLETED.

Owners' Signature: _____

Or

I DO NOT WANT THE CAULKING COMPLETED BY THE ASSOCIATION. I WILL HAVE THE CAULKING COMPLETED BY A LICENSED AND INSURED CONTRACTOR.

Owner's Signature: _____

Return Completed Form to: Cardinal Property Management, Inc.
825 N. Park Center Dr., Suite 101
Santa Ana, CA 92705