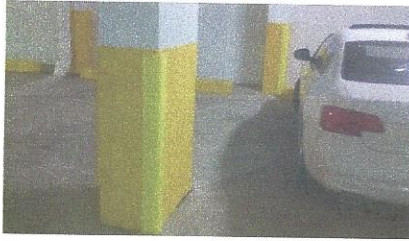


# COLUMN GUARD REQUEST



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
PLEASE PRINT

Unit: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Parking Space: # \_\_\_\_\_

Floor: # \_\_\_\_\_

**Column guards are available at \$25.00 each. Please make checks payable to: 9600 Condominiums Association.**

# Ordered \_\_\_\_\_ x \$25.00 = \_\_\_\_\_

**Total payable to 9600 Condominiums.**

**Prior to affixing corner guards, maintenance will contact you for exact placement of your guards.**