

COLUMN GUARD REQUEST



Date: _____

Name: _____
PLEASE PRINT

Unit: _____

Contact Phone: (_____) _____

Parking Space: # _____

Floor: # _____

Column guards are available at \$35.00 each. Please make checks payable to: 9600 Condominiums Association.

Ordered _____ x \$35.00 = _____

Total payable to 9600 Condominiums.

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