



GRS Management, Inc.

15280 NW 79 Court, Suite 101

Miami Lakes, FL 33016

PH: (305) 823-0072 Fax: (305) 823-4888

Email: customer@grsmanagement.com

www.grsmanagement.com

Roof Access

Association: _____

Date: _____ Unit/Account Number: _____

Resident/Occupant Name: _____

Property Address: _____

Phone: _____ Alt. Phone: _____

Email: _____

I, _____, owner of the above listed unit(s), hereby request access to the roof for _____. Furthermore, I acknowledge that the vendor must provide the documents listed below before gaining access to the roof. Send certificates directly to customer@grsmanagement.com.

- License
- Certificate of General Liability
- Certificate of Workers Comp

Certificates should be issued as follows:

VENETIAN GARDENS AT COUNTRY CLUB OF MIAMI CONDO ASSOC, INC
& GRS Management, Inc
15280 NW 79TH Court Suite 101
Miami Lakes, FL 33016

****All certificates of insurance must name the Association as an additional insured****

Signature: _____ **Date:** _____

This form must be completed and turned in to the management office a **minimum of 48 hours ahead of time**. You will receive confirmation once this request has been approved.

All roof access appointments must be scheduled between 8:00 a.m. – 12:00 p.m.

****For Official Use Only****

Date Received: _____ Date Completed: _____

Completed By: _____