

APPENDIX F

CHECK-OFF AND CONTACT FORM FOR ARB COMPLIANCE AGREEMENT

Complete Items 1-5. Have Items 6-7 signed as noted and return completed form to the ARB office.

1. Project Description/ Scope: _____

Check Applicable Box: Roll Off Container: Travel Dumpster:

2. Project Address: _____

3. Property Owners Name: _____

4. Phone #: _____ E-Mail: _____

5. General Contractors Name: _____

Business Name State Certification #

Address City State Zip

Phone # E-Mail

6. AIPCA Security - 11 Beach Lagoon Road (Entry Gatehouse)

Approved by (Director or Rep.) Date

7. Amelia Island Plantation Community Association/ Castle Group Office

5542 First Coast Highway, Suite 400 AI/FL 32034 - 904-491-9850

- Pay Impact Fee & Damage Deposit via check (made payable to AIPCA) or credit card.
- If a Damage Deposit & Impact Fee are both required submit two separate checks.

Approved by Castle Management Group Date