



**UNIVERSE CONSULTANT, INC.
PROPERTY MANAGEMENT FIRM**

7466 NW 8th Street
Miami, Florida 33126
Phone: (305) 265-6299
Fax: (305) 265-6296

www.universeconsultant.com

Roof Access Request

Association Name: _____

Date: ____/____/____ Unit/Account Number: _____ Owner _____ Tenant _____

Resident/Occupant Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

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 documents listed below before gaining access to the roof.

- ✓ **Contractor/Company License**
- ✓ **Contractor Driver License**
- ✓ **Certificate of General Liability**
- ✓ **Certificate of Workers Comp**

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

Print Name & Signature: _____ **Date:** ____/____/____

This form must be completed and turned in to the Universe Consultant, Inc. 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.

****Property Management Use Only****

Date Received: ____/____/____

Date Completed: ____/____/____

Representing Universe Consultant, Inc. _____



Our Business is proudly Accredited by Better Business Bureau with a grade of A+