

Hammock Cove Association
c/o *Signature* Property Management
738 Colorado Ave
Stuart, FL 34994
772-219-4474 Fax 772-219-4746

HOME MONITORING DIVISION:

CONTRACT FOR SERVICES:

Name: _____

Property Address: _____

Billing Address _____

Telephone # _____ Away Phone # _____ Cell# _____

Fax # _____ E-Mail Address _____

Service period from: _____ To: _____

RELATIVE OR FRIEND FOR EMERGENCY CONTACT:

Name _____ Phone _____

The undersigned owner of the Property listed above, hereby agrees to contract with Signature Property Management Home Monitoring Division, to perform four (4) home inspections monthly, for a fee of \$65.00 per month for the service period as listed above.

Signature Property Management Home Monitoring Division will inspect the home (as per the attached check list), and report to the owner of the property within five (5) days of the inspection the results of said inspection. Should there be a problem found during the inspection, Signature will contact the owner to advise them of the problem.

Signature will provide a list of licensed, and insured contractors for the owner to contract with. All costs for repairs will be negotiated between the owner of the Property and the licensed contractor.

Should the owner of the property refuse to make any such repair to damage reported by Signature, the owner agrees to hold Signature Property Management Home Monitoring Division harmless from any and all damages resulting from discovery during the inspection.

The Owner agrees to provide Signature with access to the home via a house key. Signature will keep such a key in a safe and secure manner and not provide this key to any person unless so agreed to in writing by the owner. Signature assumes no responsibility for any unauthorized entry by others into the home during the term of this agreement.

Payment of the fee is payable on the 15th of the month prior to the month of service.

Signed this _____ day of _____ 2008.

Owners Signature _____

Signature Representative _____