

THE SUN RIDGE OWNERS' ASSOCIATION, INC.

CERTIFICATION OF CLOTHES DRYER VENT CLEANING AND MAINTENANCE

Name of Unit Owner(s): _____

Address of Unit: _____

Date of Cleaning and Maintenance: _____

*Attach receipt(s) of cleaning and maintenance work completed

Signature: _____

Date: _____

_____ There is **NO** clothes dryer in my Unit and therefore, this certification is not applicable.

Signature: _____

Date: _____

_____ I attest that the clothes dryer in my unit has not been used at any time since the most recent certification of clothes dryer vent cleaning and maintenance has been properly submitted in regard to my unit.

Signature: _____

Date: _____