

STEEPLECHASE OF NAPLES
REQUEST FOR ELECTRIC VEHICLE CHARGING STATION

Owner Name(s): _____

Address: _____ **Unit Number** _____

Email Address: _____ **Phone Number:** _____

Description Of Charging Station Positioning:

Estimated Start Date: _____ **Estimated Finish Date:** _____

Name Of Licensed Contractor/Service Provider Conducting The Requested Project:

Submission Checklist:

- _____ Completed Request Form
- _____ Copy Of Plans/Sketch
- _____ Brand And Model Of Charging Station
- _____ Name Of Licensed Electrical Contractor
- _____ Copy Of Contractor's Business License/Certificate Of Insurance
- _____ For Exterior Installation, Certificate Of Insurance Naming The Association As An Additional Insured.

Owner Signature: _____

Please Remit Completed Form And Supporting Documentation

Via One Of The Following:

- Appfolio Portal
- Email To: Sarah E. James, CAM sarahj@cambridgeswfl.com or
- Email To: Bora Agastra, ADMIN at Bora@Cambridgeswfl.com
- Mail To: Cambridge Property Mgmt. 2335 Tamiami Trail N. Ste. 402, Naples, FL 34103
- Fax To: 239-262-5732

For Office Use Only: _____ **Approved** _____ **Disapproved**

Approval Conditions/Reason For Denial:

Authorized Signature: _____