

# The Elm at Clark Condominium Association

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## RISER SHUTDOWN REQUEST

### Owner Information

Unit Number: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Person Requesting: \_\_\_\_\_  
Date Request Submitted: \_\_\_\_\_

### Contractor/Plumber Information

Contractor/Plumbing Company: \_\_\_\_\_  
Contractor/Plumber's Name: \_\_\_\_\_  
Cell Phone # (required): \_\_\_\_\_  
Tradesman: \_\_\_\_\_  
Trade License #: \_\_\_\_\_  
Permit # (if applicable): \_\_\_\_\_

### Shutdown Information

Shutdown Date Requested: \_\_\_\_\_  
Area (kitchen, bath, etc.): \_\_\_\_\_  
Purpose of Shutdown: \_\_\_\_\_

I \_\_\_\_\_ (please print) request for The Elm at Clark Maintenance Staff to perform a Riser Shutdown for purposes mentioned above in my unit. I have been made aware of the \$150.00 fee and agree to submit the fee (make checks payable to The Elm at Clark Condominium Association) with this request. I further agree that I am responsible and will pay for any damages caused to the common areas or units as a result of the work described above.

Owner's Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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### Riser Shutdown Request Disposition

Approved -or-  Rejected

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Manager Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_