



## **GSHOA Landscaping OPT-OUT Form**

(submit only if requesting changes to existing services)

I \_\_\_\_\_

(Print Name)

of \_\_\_\_\_

(Print Address)

choose to opt out of the following services performed by GSHOA's landscaping contractor within my property lines (mark all that apply):

**mulching**

**leaf blowing**

**shrub treatment**

**lawn treatment**

I understand that, regardless of whether I do or do not opt out of any or all of the above services, I remain responsible for the condition of my property. Further, I acknowledge I still may receive written reports resulting from the GSHOA's periodic inspections, advising me about landscaping issues within my property lines that may warrant my attention.

I understand that I can change my landscaping service selection at any time by submitting a written notice to the GSHOA Board of Directors.

Signature of Homeowner/Tenant \_\_\_\_\_

Date \_\_\_\_\_