

UNIT # _____

APARTMENT ACCESS AUTHORIZATION

(R) Relative _____ (G) Guest _____ (RE) Real Estate _____ (ID) Interior Decorator _____ (C) Contractor _____

Lobby _____ Gate _____ Receiving _____

**RESIDENTS MUST PROVIDE A KEY TO PERSONS/
PARTIES PERMITTED TO ENTER PREMISES:**

<u>PERSON (S)</u>	<u>DATE</u>	
	<u>FROM</u>	<u>TO</u>
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____
() _____	_____	_____

HOUSE KEEPERS NAME: _____

CIRCLE DAYS WORKING: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. **TIME ALLOWED IN APARTMENT:** _____

I/WE, RELEASE THE ASSOCIATION OR ITS DESIGNATED EMPLOYEES OF ANY LIABILITIES FOR LOSS OR DAMAGE.

THE ASSOCIATION HAS THE RIGHT TO REFUSE ANY ONE OF THE ABOVE.

DATE

RESIDENT'S SIGNATURE

YOUR EMERGENCY KEY WILL NOT BE RELEASED WITHOUT SPECIFIC WRITTEN AUTHORIZATION