

BUILDING ACCESS AUTHORIZATION

Building:_____ Unit: _____

NOTE: Please add to this for being notified by the Guard who visit often, houseked members. Residents are frounit for the individuals below to provider directory and the individuals below to provider directory and the individuals below to provide directory and the individuals below to be individuals below to be individuals.	dhouse or Resider epers, pest contret to add or delete DUALS BELOW FORM IS SOLED THE ASSOCIATION OF THEY AND/OR COMPA	nt Services upon the Services upon this list IS THE LEWISTON'S GUESTARE ALLOWERS	pon each arrive companies, at any time. A JNIT OWNER IE PURPOSE ST AND CONED TO BE ON	val. Example: Friends non-resident family ACCESS INTO YOUR OR RESIDENT'S OF ADDING THE TRACTOR/SERVICE THE PREMISES.
Name of individual(s) granted access	Relationship	Start Date	End Date	Contact Number
The undersigned acknowledges and agrees to fully indemnify and hold harmless all of your Officers, Directors, Members, Employees and Agents (including, without limitation, your Management and Security companies and their Officers, Directors and Employees) in any form and all misconduct or negligence of the person(s) name below, whether in the unit, the Common Elements of the Condominium or otherwise, (such agreement to include all Attorney's Fees and court costs regardless of whether suit is brought of any appeal is taken there from). The undersigned also agrees to notify Management, in writing, of the termination of this authorization. Management is entitled to assume that this authorization is in effect until receipt of written notice of such termination. Print Name:				
Owner/Resident Signatur		Date:		