Master Apts., Inc.

Authorization of Individuals to Enter Apartment During Shareholder or Resident Absence.

Complete this form for Individuals employed on an ongoing or temporary basis. (ex.: Child care providers, house cleaners, dog walkers, pet and/or plant sitters, contractors, realtors, etc.)

PLEASE NOTE: Staff are not permitted to provide these individuals with keys from KeyTrak.

		Date completed: mm / dd / yy		
			mm / dd / yy	
Shareholder/Resident Name		Apartment #		
Cell Phone:	Other	Phone:		
Name and role of person(s) authorize	ed to enter your apartment	in your absence (or attach bus	siness card below.)	
Indicate in the right-hand column tha				
Name -	DI.	D. wating	/\.	
<u>Name</u>	<u>Role</u>	<u>Duration (</u>	ongoing or dates)	
es that a distributed to distribute a second				
To list additional individuals, use a se	cona form.			
Business Card		Business Car	Business Card	
f individuals will be staying overnig				
completed. NOTE : <u>Only</u> Shareholde ervices during their absence.	rs may nave Unaccompan	ilea Guests stay in their apart	ment to proviae	
-				
Signature of Shareholder or Resident	:			