



KEY RELEASE FORM

Date: _____

Unit #: _____

I, _____, hereby authorize
(Printed Name)

_____ to enter my condominium on
(Vendor/Contractor/Guest Name)

_____ for the purpose of _____
(Date)

_____.

I understand that keys must be signed out from and returned to the Management Office during the appropriate business hours Monday through Friday (excluding holidays).

I agree to notify my contractor, vendor, or guest that a **photo I.D. is required** to be left with the management while keys are signed out. In the event of lost keys, it is my responsibility to change my locks.

(Owner Signature)

(Daytime Phone Number)