

Authorized Guests Registration:

Date From: _____ **To:** _____ **Recurring:** Yes/No/Indefinite

You may preapprove recurring visitors that you would like to be authorized to enter the building under your responsibility.

❖ Name of Guest: _____ Phone #: _____

Relationship to resident (relative, friend, etc.): _____

Comments/Reason of stay (vacation, cleaner, tutor, etc.): _____

❖ Name of Guest: _____ Phone #: _____

Relationship to resident (relative, friend, etc.): _____

Comments/Reason of stay (vacation, cleaner, tutor etc.): _____

❖ Name of Guest: _____ Phone #: _____

Relationship to resident (relative, friend, etc.): _____

Comments/Reason of stay (vacation, cleaner, tutor, etc.): _____

❖ Name of Guest: _____ Phone #: _____

Relationship to resident (relative, friend, etc.): _____

Comments/Reason of stay (vacation, cleaner, tutor, etc.): _____

- **These authorized Guests and their given permissions will remain valid until the Front Desk is notified in writing of any changes.**
- Use additional pages if needed. The Association reserves the right to deny access to any guests without the Home Owner/Resident present, regardless of this form, for any reason deemed necessary. All guest(s) are the responsibility of the resident.

Print Name: _____

Signature: _____ Date: _____