



# RANDOLPH PLACE RESIDENCES

165 N. CANAL STREET, CHICAGO, ILLINOIS 60606

PHONE 312/627-1332 FAX 312/627-1335

## REALTOR UNIT AUTHORIZATION

When a resident is not home, guests are granted access to the building and unit *only* with written, signed permission from the resident. To do so, the resident must complete, sign and return a Unit Authorization Form to the management office during hours of operation. Forms may only be submitted to the front desk if, and only if the management office is closed. Please be sure to check that you have a key available at the front desk for your guest. The Realtor Unit Authorization form remains in effect until the resident requests that we remove it from the files or the unit is sold.

DATE OF THIS AUTHORIZATION: \_\_\_\_\_ UNIT: \_\_\_\_\_

RESIDENT'S NAME: \_\_\_\_\_

RESIDENT'S PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

REALTY COMPANY/PHONE: \_\_\_\_\_

REALTOR NAME(S): \_\_\_\_\_

**CHECK ALL THAT APPLY:**

- REALTOR MAY FILL-OUT AUTHORIZATION FORMS ON BEHALF OF OWNER
- UNIT IS VACANT
- UNIT IS OCCUPIED, PLEASE CALL PRIOR TO ENTRY
- REALTOR IS AUTHORIZED TO UTILIZE MY PARKING SPACE

SPACE # \_\_\_\_\_ Floor \_\_\_\_\_ Model/Make \_\_\_\_\_ License \_\_\_\_\_

**CHECK ONE:**

- UNIT KEY IS KEPT PERMANENTLY AT FRONT DESK
- UNIT KEY IS BEING DROPPED OFF AT FRONT DESK
- REALTOR WILL HAVE A UNIT KEY FOR ENTRY

**PHOTO ID REQUIRED FOR BUILDING ACCESS**

*I confirm that this is a limited key authorization, which will remain in effect until revoked by me, either in writing, in person, or until the sale of said unit. I hereby hold harmless Randolph Place Residences Condominium Association, Randolph Place Residences Board of Directors, and Lieberman Management Services, Inc., managing agent, pursuant to the distribution of my unit access key to the above named party. In addition, named realtor(s) agrees to abide by the Rules and Regulations of Randolph Place Residences, including the specifications governing "open houses".*

Signature of Resident: \_\_\_\_\_

Signature of Realtor: \_\_\_\_\_

Signature of Management Staff: \_\_\_\_\_

*Must have management signature for validation*  
LISTING AGREEMENT ON FILE

Fax: (312) 627-1335 Email: [jyang@lmsnet.com](mailto:jyang@lmsnet.com)

Management Office Hours

Monday – Friday 8:00 am to 6:00 pm