



RANDOLPH PLACE RESIDENCES

165 N. CANAL STREET, CHICAGO, ILLINOIS 60606

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

TEMPORARY 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 Temporary Unit Authorization form remains in effect ONLY for the dates specified on the form.**

DATE OF THIS AUTHORIZATION: _____

RESIDENT'S NAME: _____

UNIT: _____

RESIDENT PHONE: _____

WORK PHONE: _____

NAME OF PARTY TO WHOM RESIDENT IS GRANTING TEMPORARY PERMISSION TO ENTER UNIT:

RELATIONSHIP/ADDITIONAL DESCRIPTION: _____

PARTY'S CONTACT PHONE & EMAIL: _____

EXACT DATES THAT THIS AUTHORIZATION SHALL APPLY: _____

CHECK ONE:

- UNIT KEY IS KEPT PERMANENTLY AT FRONT DESK
- UNIT KEY IS BEING DROPPED OFF AT FRONT DESK SPECIFICALLY FOR THIS AUTHORIZATION
- PARTY WILL HAVE A KEY FOR ENTRY

PHOTO ID REQUIRED FOR BUILDING ACCESS

*I confirm that this is a **temporary key authorization, which will remain in effect for the date(s) noted above.** 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.*

By affixing my signature below, I hereby confirm that I am not subletting or renting my unit, or any portion of my unit, for transient purposes, short term rental, vacation rental and the like. Should I be found on the contrary, I acknowledge I will be subject to fines and potential legal proceedings as per the Association's Declarations and By Laws.

This form is a permanent record to the Association and a copy must be maintained in RPR files.

Signature of Resident: _____

Fax: (312) 627-1335 Email: jyang@lmsnet.com
Management Office Hours
Monday – Friday 8:00 am to 6:00 pm