## UNIT ACCESS AUTHORIZATION

UNIT OWNER(S):	UNIT #:
NAME(S) OF PERSON(S) AUTHORIZED TO HAVE ACCESS:	
•	
•	
• NAME OF COMPANY (IF ANY):	
•	
PURPOSE(S) OF ACCESS (FOR INFORMATION ONLY):	

This is to authorize you to grant access to Unit # \_\_\_\_\_ in the Empress Condominium to the person(s) named above. In giving this authorization and request, the undersigned ACKNOWLEDGES AND AGREES:

- 1. You may use or give to the above-named person(s) the key to the residence kept by the Association.
- 2. You are not responsible in any manner for supervising; observing or controlling the conduct of the person(s) to whom access and/or the key was given.
- 3. The undersigned agrees to full indemnify and hold harmless you and all of your officers, directors, members, employees and agents (including, without limitation, your management and security companies and their officers, directors and employees) for and from any and all misconduct or negligence of the person(s) named above, whether in the residence, the common elements of the condominium or otherwise (such agreement to include all attorneys fees and court costs regardless of whether suit is brought or any appeal is taken there from.)

## **TERMINATION OF AUTHORIZATION:**

(NOTE: The undersigned agrees to notify you, in writing, of the termination of this authorization).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_