

Plaza South Association
4280 Galt Ocean Drive, Fort Lauderdale, FL 33308
Tel. 954.565.0777 Fax 954-561-3532

Today's Date ___/___/___

APARTMENT ACCESS AUTHORIZATION

This Apartment Access Authorization is required in the following situations:

1. When an Owner/Tenant will be away and a guest will be using the Apartment. (Maximum 30 days per calendar year)
2. When an Owner/Tenant will be away and a family member will be using the Apartment.
3. When a domestic employee needs access in the Owner/Tenant's absence. Please be aware that permitting access to employees is done at the Owner/Tenant's risk.

The following information is required to ensure access to your apartment for your guests. Please make sure that each line is completed and then please return this form to the Management Office.

Occupancy Limits: 1 Bedroom=3 people; 2 Bedroom = 4 people; 3 Bedroom = 6 people

Guest Name: _____ Relationship of guest to you: _____

Guest Name: _____ Relationship of guest to you: _____

Guest Name: _____ Relationship of guest to you: _____

Guest Name: _____ Relationship of guest to you: _____

Guest Name: _____ Relationship of guest to you: _____

Guest Name: _____ Relationship of guest to you: _____

Date(s) of authorized access: From: _____ To: _____ Number of: Adults ____ Children ____

Will they have a key? Yes No Will they have a car? Yes No

Have you provided the *Rules We Live By* to your guests? Yes No



Phone #'s where **YOU** can be reached during **THEIR** stay: (____) _____ - _____ (____) _____ - _____

Owners may designate members of their immediate family or guests as occupants of their apartments in their absence so long as the occupancy levels are respected. The use of an apartment by a resident's family or guest in his absence will necessitate the owner providing the Management Office of the building with this form at least one week prior to their intended arrival. The Owner confirms that **these guests are not tenants and are not paying rent or any other consideration for the use of the apartment.**"

Owner/Tenant's printed name: _____ Date: _____

Owner/Tenant signature: _____ Apt#: _____

FOR OFFICE USE ONLY:

File pulled & Verified: Yes No

Parking Pass Issued: Yes No

Guests Days Used _____

Management Approved: Yes No

By: _____