

Caretaker Authorization Form - Owner

I (We) hereby authorize _____ to be the caretaker of my/our
Name of Caretaker

apartment _____. I understand that the General Manager/Staff will not issue keys to the apartment, or be responsible for staying in the apartment while the above name person is there.

The term of this authorization is from _____ to _____ .

_____ will have permission to:

Name of Caretaker

(Circle "Yes" or "No")

Request duplication of mail box keys.	Yes	No
Authorize work to be done in my/our apartment.	Yes	No
Authorize other people to stay in my/our apartment .	Yes	No
Stay overnight in my/our apartment.	Yes	No
Occupy my/our apartment.	Yes	No
Authorized to drive my vehicle on/off MVT property.	Yes	No

Notes:

Caretaker's name: _____
Print name

Signature

Owner's name: _____
Print name

Signature

Phone#: _____

Phone#: _____

Email Address: _____

Email Address: _____