

GUEST ACCESS FORM

10 Park Avenue
New York, NY 10016
Fax: 212-986-0002
Email: bschwartz@akam.com

Resident Name: Claude Simon email csimon@fairlanebiz

Apartment Number: 9H

Emergency Telephone Number: 845-796-9140

Guest(s) Name(s): John M. Simon

Date of Guest Arrival: as needed

Date of Guest Departure: _____

Keys Provided: By Concierge ☒ By Resident ☐

Shareholder in Occupancy: Yes ☒ No ☐

Special Instructions: _____

In my (our) absence please allow access to my (our) apartment to the above-mentioned guest(s). I (We) will not be in occupancy during their stay and as such am (are) requesting permission pursuant to Paragraph 14 of my (our) Proprietary Lease. I (We) understand that I (we) must first obtain written permission and as such are submitting this form to you as Managing Agent for the property and respectfully request your response accordingly. I (We) have read and acknowledge the Guest Policy attached hereto and will ensure that, if permitted, I (we) will be responsible for the actions of my (our) guest(s) in accordance with the House Rules noted in the Proprietary Lease.

Signed: Claude Simon
Shareholder of Record

Dated: 12-18-12

Authorized By: [Signature]
Managing Agent

Dated: 12-18-12