

## GUEST ACCESS FORM

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

Resident Name: \_\_\_\_\_ Claude Simon \_\_\_\_\_

Apartment Number: \_\_\_\_\_ 9H \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_ 845 796 9140/ 845 482 3439/212 683 9300 \_\_\_\_\_

Guest(s) Name(s): \_\_\_\_\_ David Shamash \_\_\_\_\_

Date of Guest Arrival: \_\_\_\_\_ 2-7-14 \_\_\_\_\_

Date of Guest Departure: \_\_\_\_\_ 2-21-14 \_\_\_\_\_

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 Dated: 2-7-14  
Shareholder of Record

Authorized By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Managing Agent