

## GUEST ACCESS FORM

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

Resident Name: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

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

Date of Guest Arrival: \_\_\_\_\_

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: \_\_\_\_\_

Shareholder of Record

Dated: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Managing Agent

Dated: \_\_\_\_\_