

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