GUEST ACCESS FORM

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

Resident Name: Claude Simon

Apartment Number: 9H

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

Guest(s) Name(s): Darryl Vernon

Date of Guest Arrival: 2-13-14

Date of Guest Departure: 2-14-14

Keys Provided: By Concierge [x] By Resident [ ]

Shareholder in Occupancy: Yes [x] 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: 2-11-14

Shareholder of Record

Authorized By: Brittany Schwartz _____ Dated: 2-11-14

Managing Agent