

OCEANTREE CONDOMINIUM ASSOCIATION

SERVICE AUTHORIZATION FOR ENTRY TO UNIT
NOT FOR OVERNIGHT USE.

The purpose of this Form is to authorize entry to a Unit for: Maids, Deliveries, Tradespersons, Realtors, etc.

This Form may be revoked by owner at any time.

This authorization is valid for no more than six (6) months.

NOTE: All spaces in part "A" must be filled in. If a space is not applicable write in (N/A) - (None) or (0).

PART A To be completed by the Unit owner. Lessees may use this Form only during the term of the Lease.

Authorization entry to Unit # _____

Entry granted to:

1) Name of Company, Persons, etc. _____

2) Realtor - Listing Company _____

Multiple Listing () Yes () No

a) I authorize secondary agencies access to my unit
() Yes () No

Purpose of entry: _____

Date or period of entry:

Single entry date: _____

Multiple entry dates (max. 6 mos.) From _____ To _____

Key for Unit in possession of () Front Desk

If other, who _____ Unit# _____

Or Phone # _____

Signature of Owner/Lessee Print Name Unit # Date

Return to: Front Desk, Oceantree 3400 N Ocean Dr S. I. FL 33404 or Fax to
(561) 845-0158

PART "B" - to be completed by office:

Form received: Date _____ Reviewed by _____