



UNIT ACCESS AUTHORIZATION

Date: _____

Unit Owner/Resident: _____ **Unit#:** _____

THIS IS TO AUTHORIZE AND REQUEST you to grant access to the above-described Unit in the WATERGARDEN CONDOMINIUM to the person(s) named below.

In giving this authorization and request, the undersigned ACKNOWLEDGES AND AGREES:

- a. Although the purpose(s) of the entry is stated below (for information only), WaterGarden Condominium Association, Inc. is not responsible to see to such purpose(s) as being fulfilled, nor for limiting access for the accomplishment of such purpose(s). This authorization is for entry into the building, not the stated unit. A key or other mode of granting access to the unit must be provided by the unit owner or resident;
- b. WaterGarden Condominium Association, Inc. is not responsible in any manner for supervising, observing or controlling the conduct of the person(s) to whom access and/or the key was given, and;
- c. The undersigned agrees to fully indemnify and hold harmless WaterGarden Condominium Association, Inc. and all of its officers, directors, members, employees and agents (including, without limitation, the WaterGarden Management Company, Security Company and their officers, directors and employees) whether in the Unit, the Common Elements of the Condominium or otherwise (such agreement to include all attorneys fee and court costs regardless or whether suit is brought or any appeal is taken there from).

NAMES OF PERSON(S) AUTHORIZED

EXPIRATION DATE

TO HAVE ACCESS: _____

NAME OF COMPANY (IF ANY):

PURPOSE OF ACCESS (FOR INFORMATION ONLY):

INTENDED TERMINATION DATE OF AUTHORIZATION: The undersigned agrees to notify Management, in writing, of the termination of this authorization. You are entitled to assume that this authorization is in full force and effect until you actually forward a written notice of such termination.

UNIT OWNER/RESIDENT Signature on behalf of all owners/residents of the Unit

Print Name

Date

Management Acceptance Signature

Date