

**GUEST REGISTER ADDITIONS:**

I hereby authorize the Public Safety Department to allow the following individual(s) through the front gate without calling my unit for clearance:

<u>Name</u>	<u>Relationship*</u>	<u>Day/Time of Access**</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Effective Date:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Unit #** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*Relationship: family member, contractor, maid, etc.

\*\*This column is optional and need not completed. This restriction may be appropriate for service personnel, for example a maid who is only to have access on Tuesday, 8:00 A.M. to 5:00 P.M. If left blank, access is permitted 24 hours a day, seven days a week.

**Please return this form to the management office when completed!**