

PLAZA SOUTH ASSOCIATION, INC.

AUTHORIZATION TO ENTER

DATE: _____

APT. #: _____

OWNER / RESIDENT NAME: _____

PLEASE ALLOW THE FOLLOWING PERSON(S) / COMPANY TO ENTER MY APT.

DATE(s)	NAME	PURPOSE	GIVE KEYS?
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_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNED _____
Owner, Lessee, or Agent

**BRING TO OFFICE
OR FAX TO: 954-561-3532**

