



Rose Associates, Inc.

LONDON TERRACE GARDENS GUEST REGISTRATION FORM

DATE : _____

Please be advised that the following guests may have access to my apartment commencing _____ and ending _____ (if you wish person to have permanent access enter "NONE" in end date. I understand that I am responsible and liable for the actions of my guests.

- My guest has a key for my apartment
- Please have a staff member unlock apartment door for my guests

TENANT'S NAME _____

TENANT'S SIGNATURE _____

TENANT'S ADDRESS _____ APT.# _____

HOME PHONE # _____ WORK # _____

CELL # _____ E-MAIL _____

PLEASE NOTE – WE DO NOT ACCEPT FAXED, COPIED OR E-MAILED FORMS. YOU MUST SUBMIT THE ORIGINAL FORM TO THE MANAGEMENT OFFICE