

339 Ocean Boulevard Condominium
Homeowners' Association

Unit Access Permission Form

UNIT #:

OWNERS:

PREFERRED UNIT OWNER CONTACT INFORMATION:

- **EMAIL:**
- **TELEPHONE NUMBER:**

The Board of Directors request that each owner complete this form to allow third party access to your unit when you are not available. Reasons for access vary but may include damage assessment, heat checks, or access for other building related issues.

In case of an emergency, the Board would like to know that each unit owner has arranged to have someone checking their unit to see if there is any damage to their unit.

Please print the name and contact information for the following:

I have given the following person(s) approval to have access to unit # _____
in the event of an emergency:

- Name: _____ Contact Number: _____
- Name: _____ Contact Number: _____

SIGNATURE OF UNIT OWNER(S)

Owner #1: _____ Date: _____

Print Name: _____

Owner #2: _____ Date: _____

Print Name: _____

Please send completed form to True North