

Please check one:

DAILY **GUEST** **LONG TERM**

One Irving Place

Concierge Desk: 212-529-6030

Management Office: 212-260-5521

AUTHORIZATION FORM

RESIDENT'S NAME _____ APT. _____

I GIVE AUTHORIZATION TO _____
(Name Person(s) must bring two forms of government issued identification)

Guest, Cleaning Person, Contractor, Staff, Other-Specify _____

DATE FROM: _____ TO: _____

RESIDENT'S SIGNATURE _____

Please leave telephone number where you can be reached.

Telephone Number: _____

Please leave an emergency contact number.

Emergency Contact Number: _____

**AUTHORIZATIONS FOR A GUEST TO STAY IN AN APARTMENT
WHEN THE OWNER OR TENANT IS AWAY WILL BE APPROVED
BETWEEN 9:00AM AND 4:30PM MONDAY THROUGH FRIDAY,
EXCEPT FOR HOLIDAYS BY THE MANAGEMENT OFFICE. PLEASE
HAND IN YOUR NOTIFICATION IN ADVANCE TO FACILITATE THE
APPROVAL PROCESS.**