

# Caretaker Authorization Form

I ( We) hereby authorize \_\_\_\_\_ to be the caretaker of my/our  
Name of Caretaker  
 apartment \_\_\_\_\_. I understand that the General Manager/Staff will not issue keys to the  
 apartment, or be responsible for staying in the apartment while the above name person is there.

The term of this authorization is from \_\_\_\_\_ to \_\_\_\_\_ .

\_\_\_\_\_ will have permission to:  
Name of Caretaker

(Circle "Yes" or "No")

Request duplication of mail box keys.	Yes	No
Authorize work to be done in my/our apartment.	Yes	No
Authorize other people to stay in my/our apartment .	Yes	No
Stay overnight in my/our apartment.	Yes	No
Occupy my/our apartment.	Yes	No
Authorized to drive my vehicle on/off MVT property.	Yes	No

Notes:

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Caretaker name: \_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

Owners name: \_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

Phone#: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_