



**UNIT ACCESS AUTHORIZATION
(TO BE USED IN ABSENCE OF OWNER)**

Date: _____

To: Pompano Aegean Condominium Association, Inc.

From: Unit Owner's Name (s): _____

Unit No. _____

THIS IS TO AUTHORIZE AND REQUEST you to grant access to the above described unit in **POMPANO AEGEAN CONDOMINIUM** to the person(s) named below.

In giving this authorization and request, the undersigned **ACKNOWLEDGES AND AGREES:**

1. Authorized visitor must obtain key(s) from owner. No keys given out by office.
2. Undersigned owner(s) acknowledges(s) they are responsible for actions of authorized visitors(s) and affirm that visitor(s) access is for stated purposes only.
3. Undersigned owner(s) agree(s) to fully indemnify and hold harmless the Association and its officers, directors, members, employees and agents (including, without limitation, your management and security companies and their officers, directors and employees) for and from any and all misconduct or negligence of the person(s) named below, whether in the Unit, the Common Elements of the Condominium or otherwise (such agreement to include all attorney's fees and court costs regardless of whether suit is brought or any appeal is taken therefrom).

*****NO OVERNIGHT ACCESS TO UNIT IS ALLOWED OTHER THAN FOR PERMISSIBLE FAMILY MEMBERS.**

NAME OF PERSON(S) AUTHORIZED TO HAVE ACCESS:

NAME OF COMPANY (IF ANY): _____

PURPOSE(S) OF ACCESS:

____ MAINTENANCE ____ REPAIRS ____ CHECK UNIT ____ OTHER (DESCRIBE)

INTENDED TERMINATION DATE OF AUTHORIZATION: The undersigned agrees to notify management, in writing, of the termination of this authorization. You are entitled to assume that this authorization is in full force and effect until you actually receive written notice of such termination.

OWNER SIGNATURE: _____ **DATE:** _____

CO-OWNERS SIGNATURE: _____ **DATE:** _____

ASSOCIATION MANAGER'S SIGNATURE: _____ **DATE:** _____

**** PLEASE COMPLETE, SIGN AND RETURN BY EMAIL TO manager@pompano-aegean.com OR BY FAX TO 954-782-2814 CC: SECURITY OFFICE****