

James/Kilmer
Condominium Association

1560 North Sandburg Terrace, Chicago, Illinois 60610

Phone 312 654-1560

Fax 312 654-2082

Email jkccondo@rcn.com

PERMISSION TO ENTER

Date: _____, 200 ____

I give permission for the Management Office and/or the Receiving Room at James/Kilmer Condominium Association to grant access to my unit to the persons or vendors listed below:

Name: _____

Vendor/Domestic/Family: _____
(circle one)

Date/Time of Entry: _____

Authorization: One-time Multiple Permanent

I will not hold James Kilmer Condominium Association liable for any damage that the above-named individual(s) or vendor (s) may cause to my unit or personal property:

Resident Name: _____

Telephone Number: _____ Unit #: _____ **K or J**
(circle one)

This form has been adopted for use by the James Kilmer Condominium Association as authorization for entry. Oral authorization cannot be accepted. Building personnel must have written authorization in order to grant admittance.

cc: Management Office Receiving Room Doormen