



CUSTOMER INFORMATION FORM

UNIT# _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

CELL PHONE _____ SOCIAL SECURITY NO _____

Please give name and address of person who can be called in case of an emergency and to whom all forwarding mail can be sent. This address MUST BE DIFFERENT FROM CUSTOMER INFORMATION!

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE NO _____

EMPLOYMENT

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NO _____ EXT _____

AUTHORIZATION FOR ACCESS

THIS AUTHORIZATION CONSTITUTES A PART OF THE RENTAL AGREEMENT BETWEEN OWNER AND OCCUPANTAS FULLY SET FORTH IN THE RENTAL AGREEMENT. REGARDLESS OF ANYTHING TO THE CONTRARY CONTAINED IN PARAGRAPH 1, LINE 5 OF THE TSSA RENTAL AGREEMENT, THE FOLLOWING PERSONS LISTED BELOW WILL HAVE KNOWLEDGE OF OCCUPANT'S PERSONAL CODE AND ARE AURTHORIZED TO HAVE ACCESS TO THE OCCUPANT'S UNIT UNTIL OCCUPANT NOTIFIES OWNER IN WRITING TO THE CONTRARY

PRINTED NAME OF PERSON(S) TO HAVE ACCESS

OCCUPANT'S INITIALS

OCCUPANT'S SIGNATURE _____ DATE _____