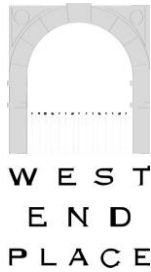


150 STANIFORD STREET
BOSTON, MA 02114



PHONE 617.720.4646
FAX 617.725.1888

GUEST AUTHORIZATION FORM

Resident's Name: _____ Unit #: _____

Telephone Number: _____ Work Telephone #: _____

Please allow the person(s) listed below access to the Building as indicated below:

	Name of person Allowed Access	Beginning (date)	Through (date)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PLEASE NOTE:

Guest Authorization Forms automatically expire after two weeks. No guest is allowed to stay more than fourteen (14) days in one twelve (12) month period without being added to the Proprietary Lease.

Authorization is subject to approval of management in accordance with terms of lease and may be withdrawn with or without cause / with or without notice.

Lobby personnel are not authorized to open unit doors for guest.

PLEASE INITIAL HERE IF YOU HAVE LEFT A KEY TO YOUR UNIT WITH THE OFFICE AND DO AUTHORIZE ITS TRANSFER TO THE ABOVE PERSON(S). _____

Resident Signature of Authorization

Date

Management Authorization

Date