

OVERNIGHT VISITATION WAIVER

I understand that a guest is permitted to stay overnight three days in any 30-day period. I understand that any tenant who intends to have an Overnight Guest stay more than three days in any 30-day period must have prior written approval by Management. Requests must be submitted, in writing, to the management at least one week prior to the first day of the period of time requested.

No guest will be permitted to stay in a tenant's apartment unless the tenant is also present. I understand that an Overnight Guest is subject to the same House Rules as the tenant. Any guest age twelve (12) and under must be accompanied by the tenant in all common areas.

Tenant Requesting Waiver: _____
Apartment Number: _____

Overnight Guest Name: _____
Address: _____

Telephone Number: _____
Is Guest over twelve (12) years of age? _____

Period of Time Requested: _____ through _____.

TENANT SIGNATURE DATE

To be completed by management: Date Request Received _____

Approved _____

Denied _____

Reason for Denial: _____

MANAGEMENT SIGNATURE DATE

