

**2** Tudor City Tenants Corp.  
2 TUDOR CITY PLACE NEW YORK NY 10017  
**GUEST ACCESS FORM**

**RESIDENT NAME:** \_\_\_\_\_

**APARTMENT NUMBER:** \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBER:** \_\_\_\_\_

**GUEST(S) NAME(S):** \_\_\_\_\_

**DATE OF GUEST ARRIVAL:** \_\_\_\_\_

**DATE OF GUEST DEPARTURE:** \_\_\_\_\_

**KEYS PROVIDED:** BY CONCIERGE  BY RESIDENT

**RESIDENT IN OCCUPANCY:** YES  NO

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In my (our) absence please allow access to my (our) apartment to the above-mentioned guest(s). I (We) will not be in occupancy during their stay and as such am (are) requesting permission pursuant to Paragraph 14 of my (our) Proprietary Lease. I (We) understand that I (we) must first obtain written permission and as such are submitting this form to you as the Managing Agent for the property and respectfully request your response accordingly. I (We) have read and acknowledge the Guest Policy attached hereto and will ensure that, if permitted, I (we) will be responsible for the actions of my (our) guest(s) in accordance with the House Rules noted in the Proprietary Lease.*

**SIGNED:** \_\_\_\_\_

**SHAREHOLDER OF RECORD**

**DATED:** \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_

**STEPHEN D. KESSLER, MANAGING AGENT**

**DATED:** \_\_\_\_\_

cc: Angelo Sacaridis, Resident Manager