



1560 N Sandburg Terrace  
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jameskilmercondo.org

## PERMISSION TO ENTER FORM

Date: \_\_\_\_\_, 20\_\_\_\_\_

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 person(s) or vendor(s) listed below:

Name: \_\_\_\_\_

Affiliation (Vendor / Domestic / Family / etc.): \_\_\_\_\_

Date / Time of Entry: \_\_\_\_\_

Date / Time of Departure: \_\_\_\_\_

*(Not required for Permanent Authorization)*

Authorization:      One-time      Multiple      Permanent      (check one)

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

Resident Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Unit #: \_\_\_\_\_ J or K      (check 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