



NAURU TOWER

OWNER/RENTER REGISTRATION SHEET

PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION

MOVE IN DATE _____ PARKING STALL# _____ DIRECTORY LISTING _____ UNIT# _____

FIRST NAME _____ M.I. _____ LAST NAME _____

UNIT PHONE# () - _____ CELL PHONE# () - _____ BUSINESS PHONE# () - _____ EXT _____

FAX PHONE# () - _____ EMAIL ADDRESS _____

SPOUSE: FIRST NAME _____ LAST NAME _____ CELL PHONE# () - _____

CHILDREN	AGE	MALE	FEMALE	NAMES & RELATIONSHIPS OF OTHER OCCUPANTS
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

CONTACTS IN CASE OF AN EMERGENCY SITUATION

NAME _____ RELATIONSHIP _____ PHONE# () - _____

NAME _____ RELATIONSHIP _____ PHONE# () - _____

OCCUPANT REQUIRING SPECIAL ASSISTANCE IN THE EVENT OF AN EVACUATION

NAME _____ AGE _____ CONDITION _____

OTHERS AUTHORIZED TO ENTER UNIT: _____
NAME & RELATIONSHIP / REALTOR NAME & RELATIONSHIP / REALTOR

VEHICLE(S)	MOTORCYCLE	MOPED	BIKE(S)	SURFBOARD(S)
MAKE 1) _____ 2) _____ 3) _____			MAKE 1) _____ 2) _____ 3) _____	
MODEL 1) _____ 2) _____ 3) _____			MODEL 1) _____ 2) _____ 3) _____	
COLOR 1) _____ 2) _____ 3) _____			COLOR 1) _____ 2) _____ 3) _____	
YEAR 1) _____ 2) _____ 3) _____			SERIAL# 1) _____ 2) _____ 3) _____	
LIC. PLATE 1) _____ 2) _____ 3) _____			STICKER# 1) _____ 2) _____ 3) _____	
STICKER # 1) _____ 2) _____ 3) _____			PERMIT# 1) _____ 2) _____ 3) _____	
			SIZE 1) _____ 2) _____ 3) _____	

SECURITY CARD NUMBERS: _____

THE CONCIERGE/SECURITY IS AUTHORIZED TO ACCEPT CERTIFIED MAIL/PACKAGES? (Ref: Separate Sheet) YES NO
INITIAL INITIAL

THE ADMINISTRATION OFFICE AUTHORIZED TO HOLD ONE SET OF UNIT KEYS MAINLY FOR EMERGENCY ACCESS IN ACCORDANCE WITH THE NAURU TOWER HOUSE RULES DOCUMENTS.

WE, THE UNDERSIGNED OWNERS, HEREBY AGREE THAT A COPY OF THE NAURU TOWER HOUSE RULES, EMERGENCY EVACUATION PLAN AND THE ORIENTATION CHECK LIST HAVE BEEN RECEIVED AND WILL BE FOLLOWED ACCORDINGLY. WE ALSO ACKNOWLEDGE FULL RESPONSIBILITY FOR THE COMPLIANCE OF ALL OUR GUESTS, ADULT OCCUPANTS AND CHILDREN RESIDING OR VISITING ON THE NAURU TOWER PROPERTY.

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE USE OF THIS SERVICE.

AUTHORIZATION FOR MANAGER'S OFFICE TO RECEIVE RESTRICTED DELIVERY AND/OR COURIER SERVICE DELIVERIES REQUIRING SIGNATURE UPON DELIVERY.

The undersigned, resident of apartment # _____ at NAURU TOWER authorizes and appoints Nauru Tower's Manager's Office or Agent (Nauru Tower Security) to receive on his/her behalf any restricted delivery or courier service from commercial firms which require signature upon delivery.

The undersigned resident fully understands, acknowledges, and agrees that:

1. Any delivery received pursuant to this Authorization shall be duly logged in upon its receipt by the Manager's Office or Agent and shall be kept in the Nauru Tower Security Office and available for pick-up ONLY to the undersigned; and
2. The Association of Apartment Owners of Nauru Tower provides this service only as a courtesy to the Nauru Tower residents and that the Association and its employees have no liability for lost or damaged deliveries which have been received pursuant to this Authorization; and
3. Any delivery which has not been picked up by the undersigned within five (5) business days of its receipt shall be returned to courier service.
4. The Association reserves the right to discontinue this service at any time upon written notification to the undersigned.
5. Certified or Registered Mail will not be accepted, unless approved by Management.

RELEASE/INDEMNITY AGREEMENT

In consideration of the service being provided to the undersigned by the AOA of Nauru Tower in allowing the Association's Manager's Office or Agent to accept receipt on behalf of the undersigned, of restricted delivery requiring signature upon receipt, the undersigned hereby releases, holds harmless and agrees to indemnify the Association and its employees from and against any and all liability claims, causes of actions, costs and/or judgments arising out of, directly or indirectly concerning, or resulting from the Association's Manager's Office or Agent acceptance of restricted deliveries pursuant to the Authorization given by the undersigned.

Dated: _____

(Print Name of Resident)

(Signature of Resident)

People (other than the signee) authorized to receive restricted (signature) deliveries:

(Print Name of Individual)

(Signature of Individual)

NOTE: Photo ID's must be presented BEFORE item(s) are released.