

**CONCERTO LOFTS CONDOMINIUM ASSOCIATION  
GUEST AUTHORIZATION FORM**

Unit #: \_\_\_\_\_

Please print clearly:

Last: \_\_\_\_\_  
 Homeowner Name or  Tenant Name

First: \_\_\_\_\_

Last: \_\_\_\_\_  
 Homeowner Name or  Tenant Name

First: \_\_\_\_\_

As Owner or Resident of the above referenced unit(s), I hereby authorize Management to grant access to the following individuals, based on the criteria indicated, to the community. This authorization shall remain in effect until revoked in writing, or superseded in writing.

Guests with unlimited access privileges (enter the full names of guests to be granted unlimited access unannounced 24 hours per day upon presentation of valid identification)

Name	Relationship	Phone Number

Guests with limited access privileges (enter full names of guests, service provider or service companies to be granted access only between the hours of 7:00 A.M. and 6:00 P.M.)

Name	Relationship	Day/Time expected

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
 Homeowner Signature or  Tenant Signature

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
 Homeowner Signature or  Tenant Signature

Please send your completed form to the address below:

CONCERTO LOFTS CONDOMINIUM ASSOCIATION  
c/o Action Property Management  
901 South Flower Street  
Los Angeles, CA 90015  
P: (213) 622-2299  
F: (213) 622-2949