

## Family Member Registration Form – Family Member Overnight Stay

## Please submit this form to the management office at least 48 Hours prior to Family Member arrival [see definition of "Family Member" in House Rules].

I, \_\_\_\_\_, certify that I am the Stockholder of Unit No. \_\_\_\_\_ at The Island House Apartments (the "Unit"), and I hereby authorize the following individual(s) to stay in the Unit for no more than 60 consecutive days.

Family Member (list all who will be staying overnight in residence)	Family Member Cell Number
1.	
2.	
3.	
4.	
5.	
6.	
Arrival Date:	Departure Date:

**Stockholder** – Please indicate if you will be in residence during the dates of your Family Member(s) visit to The Island House Apartments.

I WILL BE IN RESIDENCE

I WILL **NOT** BE IN RESIDENCE

- All Family Member(s) must register with the Front Desk Reception, be prepared to take a photo when signing in, and provide their photo I.D.
- Stockholder will be responsible for the behavior and expense of any maintenance, repairs, or replacement rendered by the act, neglect, or carelessness of any and all of the Family Member(s).
- The Stockholder must notify the management office in writing if the Family Member(s) will exceed 60 consecutive days.

Note: Front Desk Reception will not hold keys for Family Member(s). You are responsible for providing keys to the Unit and other access control devices for the Common Areas.

I understand that by signing the Family Member Registration Form, I am granting the identified individuals access to the Common Areas and the Unit.

Stockholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stockholder Printed Name: \_\_\_\_\_

## Return in person to the office or via e-mail: management@ihkey.com

For Management Use		
Received by manage	ment:	Date:
Photo ID presented	Provided a copy of IH Rules & Regu	ations