

ACCESS AUTHORIZATION FORM

Guest Tenant Vendor

Unit # 1802 Arrival Date 12/14/2023 Departure Date 12/22/2023

Contact Information

Primary Resident / Guest / Vendor

Name Stephen Zhang Phone 4082014333 Email sz@iqx.com

Address / Company Name: 6689 Marius Cove Ct Las Vegas, NV 89139

Additional Occupants (All must be listed)

Name Adrienne Zhang Name _____ Name _____

Name _____ Name _____ Name _____

Emergency Contact (Other than above)

Name _____ Phone _____ Email _____

Owner / Agent Authorization

Owner Cao Zhen Phone _____ Email _____

Agent Janet Phone 336-588-6970 Email oceansonevacation@gmail.com

Owner's Authorization for Agent on File? Yes *(If Not Owner's Signature Required below)*

Owner's Signature
Date
Agent's Signature
Date

Owner & Rental agent (If applicable) must sign or owner may submit a letter authorizing agent. All owners, rentals agents, residents, and guests are obligated to abide by the House Rules at all times. This information will be maintained by the Association and used for emergency and property management purposes only.

Management is unable to release keys to individuals that are not listed on this form.

ID VERIFIED BY: _____ DL# _____ State _____

Date Issued	Number of Keys	Signature of Recipient