KEY LODGEMENT FORM

Please complete in BLOCK CAPITALS

I/We,	(insert name(s)) agree
to the keys for	(insert address)
being held by Portsea Hall	
Phone Number:	Mobile Number:
email address:	
I/We understand that my/our keys will members) with my prior written permi	only be handed to a third party (eg, my contractors, family ssion.
I/We confirm that: (please tick as nece	ssary)
☐ The Porters may enter my/our flat in me/us in advance.	the event of an emergency, without the need to contact
\Box The Porters may only enter my flat ir	n the event of an emergency with my prior permission.
I/We confirm that: (please tick as nece	ssary)
☐ Contractors may enter my/our flat to me/us in advance.	complete emergency repairs, without the need to contact
☐ Contractorswill need my prior permi	ssion to enter my/our flat to complete emergency repairs.
Emergency Contact Details (1): Name _	Contact No
Emergency Contact Details (2): Name _	Contact No
I undertake to notify Portsea Hall of an	y changes to my emergency contact details.
Signad:	Dated:

KEY RELEASE FORM

I/We,	(insert name(s)) agree
to the keys for	(insert address)
being released to	(insert name of person removing keys) from
	(insert name of company if applicable).
Contact telephone no	
on (insert date). T	he keys will be returned on (insert
date).	
I have notified the person above that they w collecting the keys (passport/driving licence)	ill be required to provide some form of photo id when
In the event of a query, I can be contacted o	n:
Signed: Date	2: