



KEY RELEASE AUTHORIZTION FORM

Purchaser(s) Name(s):	
Suite Number:	
Occupancy Date:	
Authorized Person(s) Picking up Keys	
Phone number of Authorized Person:	
Email Address of Authorized Person	
Type of Identification Authorized Person to have on the Key Pick- up:	

Upon completion of the Occupancy Closing, we, the Purchaser(s), hereby authorize the Authorized Person noted above to pick up our keys for our Suite and any other information that Andrin Next Limited provides us on the Occupancy Closing.

Signed on _____

Purchaser Signature

Purchaser Signature