

ELECTRONIC KEY INFORMATION FORM

Unit Owner _____	Unit # _____	Fob/Card# _____
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Name of person to whom card is issued _____

Relationship to owner • Owner • Tenant • Other _____ Home

Phone _____ • Emergency Phone _____ Work Phone

_____ • Email #1 _____

Mobile Phone _____ • Email #2 _____ If person

in whose name card is issued is not resident at the Ambassador, provide address:

Address _____ Apt.# _____

City _____ State _____ Zip Code _____

This is • Original Issuance • Replacement I prefer • Key Fob • Key Card Access Requirements

(subject to change at owner's discretion)

Area	Date(s)/ Day(s)/Time(s)
Front Entrance	
Side Gate	
Side Entrance	
Back Entrance	
Basement Access	
Roof Access	

I agree as follows:

I will immediately report theft or loss of the fob/card to Association Management Services NW (AMS) and the responsible unit owner. I understand that this fob/card is issued for my exclusive use and that it may not be duplicated, transferred, or otherwise shared or used by anyone else to enter the Ambassador.

I will not leave gates/doors unlatched, prop gates/doors open or, unless I am willing to vouch for individuals, allow persons to follow me into the building when my fob/card is being used.

I will cooperate fully with any investigation concerning any security matter respecting the use of this fob/card. I will discontinue use of and surrender this fob/card to the responsible unit owner and/or AMS when I move from a residential or commercial unit, or when my relationship with the Ambassador otherwise ends. I understand that pursuant to Article VII 3. (c) of the Ambassador's Bylaws, unit owners are responsible for damage they, their guests, contractors or authorized occupants cause to the common elements or other units.

Signature _____ Date _____

Signature of owner (if different) _____ Date _____

Activation Date _____ Deactivation Date _____ Renewal Date _____

Number of keys received from the owner: _____ Parking lot gate key (Managed by NAI Elliott)

- \$25.00 per fob/card deposit (required if fob/card issued to non-owner; refundable when fob/card returned) **Note: No deposit required for contractors working for the HOA, however, \$25.00 will be deducted from invoice for each fob/card or key not returned.**

*****For Office Use Only*****

Check # _____ Date _____ Card Returned Date _____ Refund Check #

_____ Date _____

Signature _____ Date _____