

**ENTRY AUTHORIZATION/KEY RELEASE FORM**

 **DATE**

 **APARTMENT COMMUNITY**

 **ADDRESS APARTMENT #**

**I, , HEREBY AUTHORIZE MANAGEMENT OF THE ABOVE NAMED APARTMENT COMMUNITY/MANAGEMENT COMPANY TO RELEASE THE KEY TO AND/OR ALLOW QUALITY FURNITURE RENTAL ACCESS INTO MY APARTMENT, # FOR THE PURPOSE OF DELIVERING, PICKING UP OR PROVIDING SERVICE TO FURNITURE, ELECTRONICS AND AMENITIES WHICH HAVE BEEN LEASED.**

**IN THE EVENT THAT THE APARTMENT/HOME IS OCCUPIED DURING THE TIME THAT THE DELIVERY/SERVICE/PICK UP SERVICE IS PERFORMED, I HEREBY RELEASE QUALITY FURNITURE RENTAL OF ANY LIABILITY CONCERNING MISSING OR DAMAGED PERSONAL EFFECTS.**

 **LESSEE DATE**

**REQUESTED DELIVERY DATE:**

**QUALITY FURNITURE RENTAL**

**2900 RICE STREET SUITE #430**

**SAINT PAUL, MN 55113**

**651.487.2191**