## ACCESS AUTHORIZATION

Resident HOH Name:		
Resident Address:		

In the event of my illness, disability, injury, death or other event which causes me to be absent from my apartment, I authorize and permit the Oshkosh/Winnebago County Authority or Cumberland Court Apartments to grant and allow access to my apartment to the following named individuals:

1	 	 	
2	 	 	
3	 	 	
4	 	 	
5	 	 	
6			

## NAME ADDRESS/PHONE

This authorization shall continue until changed or revoked by a written instrument signed by me and delivered to the Oshkosh/Winnebago County Housing Authority or Cumberland Court Apartments.

I hereby release and hold the Oshkosh/Winnebago County Housing Authority, Cumberland Court Housing Commission, Inc., its employees and its Executive Director, harmless from any and all liability, injuries or damages resulting from the granting or allowance of such access to the above named individuals.

Tenant Signature	Date	
Witness Signature/ Printed Name	Date	
F:apps/data/users/forms&evicts/ACCESS AUTHORIZATION		Revised: 03/19/2012