



KEY RELEASE FORM

I, _____ authorize Spaces Realty, LLC as Manager, to release a Property and/or Bedroom Key to the property listed below to the following person(s).

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Property:

Address: _____
 City: _____
 State: _____
 ZIP: _____

I understand that it is my responsibility to notify the Manager in writing should the above listed person(s) no longer have permission to access the property. I understand that I must inform the person listed above that the Manager will require valid photo identification prior to releasing any key or allowing access. Spaces Realty, LLC is not liable for unreturned keys or any damages to me, my tenants/roommates, or guests for injury, damage, or loss of person or property caused by criminal conduct of other persons including theft, burglary, assault, vandalism and other crimes.

Owner Signature

Date