



ONE-TIME KEY DUPLICATION AUTHORIZATION 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 to allow them to duplicate the key.

Property:

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

I understand that I must inform the person listed above that the Manager will require valid photo identification prior to releasing any key for duplication. 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