



Tattoo Apartments – Record of Keys and Access tags supplied (Long Term Issue)

Apartment Number: _____ Date Issued: __/__/____

Key/s (Door/s) / Entry Tag (id no): _____

Issued by (BC Name): _____

Key / Entry Tag issued to:

Service Provider: _____
Name, company and contact number

Proprietor: _____
Name and contact number

Tenant: _____
Name and contact number

Reason required for key / entry tag to be provided: _____

Date Returned: __/__/__ Returned by: _____

Name of person returned to: _____

Comments: (eg: 1 entry tag returned, no keys) _____

I, _____, agree that I have received the above keys/tags and I accept full responsibility and liability for replacing Keys or Entry Tags at the replacement cost of the above item if they are not returned within seven days of a request by the Body Corporate Managers or a member of the Body Corporate Committee, or if the above items are lost or need to be replaced:

Resident/Owner/Service Provider Name Date:

Witnessed by:

BCC Member/ BC Manager Name Date: