

Trump Village Estates

2915 WEST 5TH STREET • BROOKLYN, N.Y. 11224

Key Fob Request Form

Shareholder Name _____
(print first and last name)

Building: _____ Apt#: _____ Phone: _____

Please check one:

- New Fob _____
- Replacement Fob _____
- Additional Fob _____

Reason _____

Name of person who will be assigned the Key Fob _____

Phone _____ Email _____

Relationship to Shareholder - Please check one:

- ☐ Resident _____
- ☐ Tenant _____
- ☐ Family Member _____
- ☐ Home Attendant _____
- ☐ Other (Please Specify) _____

- **All lost or stolen key fobs will be deactivated at the time the replacement is made.**
- The shareholder of record must be present when all new/replacement/additional key fobs are made.
- Anyone requesting a new/replacement/additional key fob must have a government issued form of ID, and this ID must be provided to management.

Approved By: _____ Date of Approval: _____

- Shareholders requesting a new/replacement/additional fob for a family member, must provide documentation showing the family relationship i.e. birth certificate, etc.
- A charge of \$ ____ will be applied to the shareholder's account for new and replacement fobs.
- All Home attendants and any other individuals working for the shareholder must provide ID from the company they are employed by, in addition to their government issued ID. This employee ID must be verified by management.
- If you give or share your key fob with anyone, you will be held responsible for any and all damages that may be caused by someone other than you using that key fob to enter the property and a violation will be placed on your/the shareholder's account.
- All shareholders must inform the management office of a lost or stolen key fob. Anyone who is caught using a lost or stolen key fob which was not reported to the management office, you/that shareholder will be held responsible for any and all damages and a violation will be placed on your/their account.

Please sign below to indicate that you understand and will abide by any and all conditions listed above. Failure to do so will result in immediate deactivation of this key fob.

Shareholder Signature _____ Date _____

Key Fob Assignee Signature _____ Date _____