



**ArriVa Building
Access Security Fob
Employee**

Door Fob Serial Number _____

Access Granted:

P1 overhead door access during building hours
Door access during building hours

Fee Received: _____ Date: _____

I acknowledge receipt of one (1) fob , and understand that this fob is only for my use. I agree that it will not be transferred to, nor allowed to be used by, any other person, guest, occupant, tenant or owner in the building.

I understand that use of this fob will result in my access to the building being tracked.

I understand that I am liable for the replacement cost (\$150) if the fob is lost or damaged. I will notify the Condo Corp within 24 hours of losing the fob, or any damage to the fob which renders it inoperable. I will not mark, identify or deface the fob in any way.

This fob is the property of the Condo Corp No 1014767, and will be returned when no longer needed directly to the Condo Corp for a refund of \$60.00.

Name of Recipient

Name of Owner / Tenant

Signature of Recipient

Signature of Owner / Tenant

Each fob costs \$75, of which \$60 is refundable upon return.