

40 HOMEWOOD

Parcel and envelope waiver

Name(s)	
Unit/Address:	
Phone Number:	
Email:	

I/we authorize the Management Office to accept parcels and envelopes on my/our behalf;*

I/we will not hold York Condominium Corporation 75 and/or its agents responsible for any missing or damaged packages/envelopes, or for late deliveries;

I/we understand that York Condominium Corporation 75 and/or its agents will not accept CODs, medicines, perishables or hazardous materials;

I/we understand that small items or keys may be accepted by security personnel on my/our behalf, if space is available, and that these items will be returned to the management office the following day;

I/we understand that keys from or for realtors or agents cannot be accepted by security personnel at any time;

I/we have received a signed copy of this form.

Signature

Print Name

Date

Signature

Print Name

Date

* Note: Parcels/envelopes not picked up within fifteen (15) calendar days from time of receipt will be returned to sender.