# Home Management Professionals



## **SECURITY RELEASE**

### **CLIENT**

Name:	
Address:	
City, State, Zip:	
Telephone (Primary):	_ (Secondary)
Email(s):	
Property Address:	

### **PURPOSE**

- This form is provided as a legal Release for proper home access and services from Home Management Professionals (HMPROS). This form allows a representative to freely enter the community and owner's property.
- This form will be held by Home Management Professionals and shown to any security or legal personnel at their request.
- This form may be left at a guarded entrance but we ask it be placed on proper file to prevent being misplaced by security personnel (owner's discretion).
- Proper identification will be provided by a representative upon request at any time.
- With such approval, Home Management Professionals agrees to any and all security limitations for a given community as long as they do not conflict with regular and ongoing services as requested by the owner.
- The homeowner has explained all home security systems. Should a false alarm occur, Home Management Professionals shall not be responsible for any costs incurred as a result of the false alarm if operations were as described by the homeowner.
- If special security systems are in place that requires notification of a contracted security company, we ask the owner directly contact them and inform them of our services.
- Home keys and/or gate passes will be provided by the owner and returned upon completion of services.

#### **CLIENT APPROVAL FOR SECURITY ENTRANCE**

I hereby give my approval for free and open access to my home and secured community noted by the following estimated start and end dates for the following person(s). Should this be an ongoing service, the dates are noted as "ongoing".

Start Date: \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_

Upon termination of the Service Contract by and between Home Management Professionals and client, this Security Release shall be null and void.

I have read, signed and received a copy of the Security Release and understand and accept its terms.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Client/Homeowner(s): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_

Todd Navin, Owner, HMPROS

**OTHER COMMENTS** 

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