

## **AOAO Craigside Authorization To Receive Deliveries**

I, the undersigned, authorize and appoint Craigside's Manager's Office or Agent (Craigside Security) to receive on my behalf any restricted delivery or courier service from commercial firms regardless of whether a signature is required or not upon delivery

I fully understand, acknowledge and agree that:

1. Any delivery received pursuant to this Authorization shall be duly logged in upon its receipt by the Manager's Office or Agent and shall be kept in the Craigside Parcel Room and available for pick-up.
2. The Association of Apartment Owners of Craigside provides this service only as a courtesy to the Craigside residents and that the Association and its employees have no liability for lost or damaged deliveries which have been received pursuant to this Authorization.
3. Any delivery which has not been picked up by the undersigned within (7) seven business days of its receipt shall be sent back to sender, unless prior arrangements for an extended time have been made with the Manager's Office or Agent (Craigside Security).
4. Packages that require refrigeration will be accepted only if special arrangements are made with the Manager's Office or Agent (Craigside Security) and must be picked up the same day.
5. The Association reserves the right to discontinue this service at any time upon written notification to the undersigned.

### **RELEASE/INDEMNITY AGREEMENT**

In consideration of the service being provided to the undersigned by the AOAO of Craigside in allowing the Association Manager's Office or Agent to accept receipt on behalf of the undersigned, of restricted delivery requiring signature upon receipt, the undersigned hereby releases, holds harmless and agrees to indemnify the Association and its employees from and against any and all liability claims, causes of actions, costs and/or judgments arising out of, directly or indirectly concerning, or resulting from the Association's Manager's Officer or Agent acceptance of restricted deliveries pursuant to the Authorization given by the undersigned.

#### **Resident Signature:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Unit Number

People (other than signee) authorized to receive restricted (signature) deliveries:

\_\_\_\_\_

***This form must be COMPLETELY filled out for use of this service.***