

MEADOW CREEK CONDOMINIUMS

Authorization to Accept Delivery of Packages

Name _____
Last *First* *Middle Initial*

Address _____

Telephone - Day _____ Evening: _____

Person(s) authorized to pick up packages:

I hereby authorize the Meadow Creek Management Office to accept packages for me. I agree that the Meadow Creek Management Office shall not in any way be held liable for the loss or theft of any package received or purportedly received by the Meadow Creek Management Office.

Signature _____ Cancelled _____

Date _____ Date _____