

IN CASE OF EMERGENCY

The undersigned, being a tenant of the Housing Authority of David City, Nebraska and occupying unit _____, hereby authorizes and directs said Authority, in the event of emergency, hospitalization, being out of town, or unable to get to ones apartment, give permission for the undersigned person/persons to enter their apartment. This releases the HA from any liability during tenants absence. If the person signed below does not have a key the HA will let them into said apartment during office hours only 9-4 p.m. Monday-Thursday. **NO HOLIDAYS.**

Name	Address	Telephone No.

To wit: any and all may have access to said premises for said purpose.

The signed persons hereby binds himself/herself to hold harmless the Housing Authority of the City of David City from any liability that might incur in following these authorizations and directions of said tenant.

In Witness Whereof the undersigned has executed this instrument this day _____.

Tenant Name _____

The Housing Authority of the City of David City, Nebraska hereby agrees and accepts the authorizations and directions contained in this instrument.

HOUSING AUTHORITY OF THE CITY OF DAVID CITY

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EXECUTIVE DIRECTOR