



# LIVE OAK APARTMENTS

555 South Orchard Avenue | Ukiah, CA 95482

## Overnight Guest Authorization Request Form

### Resident Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Apt. # \_\_\_\_\_

### Guest Information

Name: \_\_\_\_\_

Dates of Overnight Stay \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use

Authorize overnight stay?  Yes  No

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason declined:  
\_\_\_\_\_  
\_\_\_\_\_