

TO: _____
Lessee

Address

City Zip

RE: The Exchange Street Apartments
Apt #: _____
Malden, MA 02148

By signing below, Lessee acknowledges receipt of the following keys and/or access devices, and acknowledges that their rental account shall be charged for the cost of replacing lost or stolen keys/access devices.

	# Keys/Devices Recvd
1. Building Door/Perimeter Access Door FOB(S)	_____
2. Apartment Unit Key(s)	_____
3. Mailbox Key(s)	_____
4. Garage Parking Remote Control	_____
5. Trash Room Key	_____
6. Storage Room Key (Storage Unit #:_____)	_____

Lessee Signature: _____ Date: _____

Lessee Signature: _____ Date: _____

By signing below, Lessor/Agent acknowledges that the above specified keys and/or access devices were given in hand to the Lessee.

Lessor/Agent Signature: _____ Date: _____

Lessor/Agent:
Combined Properties
25 Riverview Business Park
300 Commercial Street
Malden, MA 02148