



## Key Authorisation Form

<b>CLIENT NAME</b>	
<b>ADDRESS</b>	
<b>EIRCODE</b>	

Date:

To whom it may concern,

I \_\_\_\_\_ or a family member of the above address will answer the door to West Limerick Independent Living Staff when they call.

Signed

\_\_\_\_\_

OR

I \_\_\_\_\_ of the above address, give permission for West Limerick Independent Living Staff to access my home with the use of a key from the key box which is provided by West Limerick Independent Living.

Signed

\_\_\_\_\_

OR

I \_\_\_\_\_ of the above address, give permission for West Limerick Independent Living Staff to access my home with the use of a key supplied to them by me. West Limerick Independent Living Staff have the responsibility to ensure the key is kept safe at all times, is not copied, is not issued to a third party, and is returned to me on my request.

Signed

\_\_\_\_\_