



LAS VEGAS LANDLORD
 PH: 702-628-8826, FX: 888-609-8561
 EM: LVLEvictions@Gmail.com

Billing / Mail / Drop Off Address
 4952 S Rainbow Blvd, # 211
 Las Vegas, NV 89118

Office / Meeting / Pick Up Address
 6480 W Spring Mountain Rd, # 3
 Las Vegas, NV 89146

LANDLORD AUTHORIZATION FOR TENANT ACCESS (LAFTA)

Client (Owner, PM, Agent, Attorney) has granted Tenant the following Access Hours (Normally @ 8 +/- Hrs)
 Minimum Client Charge of one (1) Svc Call + one (1) Hour, Per Visit. LVL will set access date(s) with Tenants/Occupants.

DAY ACCESS TIMES, PER ACCESS

Minimum Client Charge = \$50/Visit. \$225 Deposit.
 @ 8 +/- Hrs Access (8AM - 12N + 1PM - 5PM)
 (\$25 Svc Call + \$25/Hr, Per Visit)

Minimum Client Charge = \$50/Visit. \$125 Deposit.
 @ 4 +/- Hr Access (8AM - 12N) or (1PM - 5PM)
 (\$25 Svc Call + \$25/Hr, Per Visit)

EVENING ACCESS TIMES, PER ACCESS

Minimum Client Charge = \$65/Visit. \$185 Deposit.
 @ 4 +/- Hrs Access (5PM - 9PM)
 (\$25 Svc Call + \$40/Hr, Per Visit)

EMERGENCY ACCESS (Oxygen, Medicine ONLY)

Minimum Client Charge = \$50/Visit. \$50 Deposit.
 (\$25 Svc Call + \$25/Hr, Per Visit) (@ 5 Minutes)

CLIENT ACKNOWLEDGES THAT BY SELECTING A [@ 4 +/- HRS] ACCESS << OR >> DENYING EMERGENCY ACCESS FOR LIFE ESSENTIAL ITEMS (EX: OXYGEN AND MEDICINE ONLY) MAY RESULT IN SUIT AGAINST LANDLORD, LEGAL FEES AND HEARINGS REGARDING TENANT ACCESS, LIABILITY, ETC. LVL WILL SCHEDULE ACCESS DATE(S) AND TIME(S) WITH TENANTS/OCCUPANTS.

1. CHECK LIST. ➤ COPY of CLIENT'S DL / ID ➤ COPY of LEASE ➤ LIMITED POWER of ATTORNEY

2. I CERTIFY, I AM AUTHORIZED TO REQUEST THIS LAFTA.

Date: _____

NAME (OWNER / PM / AGENT)

STREET ADDRESS, CITY, STATE, ZIP CODE (OWNER / PM / AGENT)

PH-1 (OWNER / PM / AGENT)

PH-2 (OWNER / PM / AGENT)

E-MAIL (OWNER / PM / AGENT)

REQUESTED BY:

Owner Agent

Property Manager (PM)

Attorney

3. RENTAL PROPERTY ADDRESS, CITY, STATE, ZIPCODE
 ** IF IN A GUARD GATED COMMUNITY, LAS VEGAS LANDLORD MUST BE ADDED TO ACCESS LIST.

NOT GATED GUARD GATED COMMUNITY

ACCESS INFORMATION, INSTRUCTIONS, COMMENTS

= _____
 GATED GATE CODE

TENANT NAME _____	PHONE _____	TENANT NAME _____	PHONE _____
TENANT NAME _____	PHONE _____	TENANT NAME _____	PHONE _____

AUTHORIZATION: LVL IS AUTHORIZED TO PERFORM ANY OF THE SERVICES INDICATED ABOVE VIA THIS FORM. CLIENT AGREES TO LET LVL SET ALL ACCESS DATE(S), NOT CLIENT. CLIENT UNDERSTANDS THAT THERE SHOULD BE ONE (1) GROUP ACCESS DATE FOR ALL TENANTS/OCCUPANTS. LVL IS NOT RESPONSIBLE FOR THE CONDITION OF TENANT'S OR OWNER'S PERSONAL ITEMS NOR OWNER'S PROPERTY NOR ANY ILLEGAL ACTS CONDUCTED BY TENANT OR OWNER. OWNER, PM, AGENT AND ATTORNEY (CLIENT) SHALL HOLD LVL HARMLESS FROM ANY TENANT'S OR OWNER'S PERSONAL PROPERTY LOSS, THEFT, ETC AND LEGAL ISSUES. CLIENT ACKNOWLEDGES THAT BY SELECTING A [@ 4 +/- HRS] ACCESS MAY RESULT IN ADDITIONAL LEGAL FEES AND HEARINGS REGARDING TENANT ACCESS. CLIENT AGREES TO PAY ALL FEES WHEN THEY BECOME DUE. A 5% SERVICE FEE WILL BE CHARGED FOR ALL CREDIT AND DEBIT CARD PAYMENTS. ANY LATE PAYMENTS OR OUTSTANDING AMOUNTS DUE ARE SUBJECT TO A ROLLING 12% ANNUAL INTEREST.

BY SIGNING, I HAVE READ AND UNDERSTAND THE ENTIRE DOCUMENT AND AUTHORIZE THIS SERVICE. SIGN: x _____
 CLIENT'S SIGNATURE DATE

PAYMENT: Name on Card: _____ Phone: _____

Billing Zip Code: _____ Email: _____

Card #: _____ Amex[3] Visa[4] MC[5] Discover[6]

Expiration: (mm / yy) _____ CVV Code: _____ (Amex = Front. Visa/MC/Discover = Back)

BY SIGNING, I AUTHORIZE LVL TO CHARGE MY CREDIT OR DEBIT CARD FOR ANY BALANCE DUE. SIGN: x _____
 CARD HOLDER'S SIGNATURE DATE

**** FILL IN, PRINT, SIGN and DATE. MAIL or DROP OFF or EMAIL or FAX to LVL ****