

KEYS FOR RESIDENT ROOMS AT LAKE RIDGE ASSISTED LIVING

Name of Resident: _____

Apartment Number (Key No.): _____

Date Issued: _____

Do you want a Key Fob: Yes or No – Currently on hold due to Covid

If lost or damaged there will be a fee to receive a new one.

I hereby acknowledge that I have in my possession the room key listed above.

A \$75.00 lost key fee will be applied to the last month's rent if it is not returned when the unit is vacated.

Signature/Date: Resident/Responsible Party:

Signature/Date: Lake Ridge Assisted Living Staff Member:
