



real.life.style®



Each person to complete their own

SHIPPING AND PACKAGE PICK UP AUTHORIZATION

I, _____ of Suite # _____
at VENU/EDGE hereby authorize any and all packages and/or shipments addressed to me to be signed for
and released to any of the following persons listed below.

(Please print full name of authorized person)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Signature of Resident

Date