



Maidtopia Cleaning Services

www.Maidtopia.com

(512) 619-5237

KEY RELEASE FORM

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

I, _____ authorize personnel of _____

_____ Apartments to release a key to my apartment in order for Maidtopia Cleaning Services to perform a scheduled cleaning service.

I understand that _____ Apartments is not responsible for the action of to whom the key is released.

I am also aware that if _____ Apartments does not release a key to Maidtopia Cleaning Services I will be assessed a \$30 lockout fee.

Resident Signature: _____ Date: _____