

Concierge Use Only

Date	
Unit	

# Brava Towers - BCS1172 Package Drop-Off Form

Your Full Name \_\_\_\_\_

Phone # \_\_\_\_\_

Unit # (Optional if not a Resident) \_\_\_\_\_

Recipient Full Name \_\_\_\_\_

Recipient Phone # \_\_\_\_\_

Recipient Unit # (Optional if not a Resident) \_\_\_\_\_

- Failure to provide all the information requested above will result in refusal to accept the package/item.
- Packages/Items dropped off by non-residents intended for another non-resident will NOT be accepted.
- This form approves delivery in one direction only. The recipient of the package will need to complete another form if the item is to be returned.

**Disclaimer:**

I authorize the Brava CMI Concierge to accept this item(s) and agree to hold harmless all parties connected with the Strata Corporation, Property Management Company and Security Company from any and all claims arising from the acceptance of this item(s).

Signed: \_\_\_\_\_

(Signature constitutes acceptance of terms and conditions.)