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|------------------------------|------------------|------|
| Resident Name | Apartment Number | Date |
| Name of Legal Representative | | |

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|---------------------------|
| Date of Guest Visit |
| Time of the Guest Arrival |
| Length of Guest Stay |
| Relationship of Guest |

I understand that my guest is required to comply with all policies and procedures while at Neuvant House of Lawrence, and that my guest will leave the apartment in the same condition as it was found.

I will make my guest aware that the use of tobacco products is prohibited, and that there is a charge for use of the guest room, and for guest meal services.

| | |
|--------------------------------|------|
| Resident Signature | Date |
| Legal Representative Signature | Date |

Original: Team Member Communication Record