

Authorised Representative Form



Property Name..... Address Owner / GM.....

Email..... Phone..... Fax.....

Authorised Representatives:

	Name	Role / Job Title	Department (see below selections)	Phone	Email	Access to AAA Website	Primary Contact (One Only)
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Departments:</p> <p>1. Executive 4. Payroll</p> <p>2. Front Office 5. Food & Beverage</p> <p>3. Human Resources 6. Other</p>	<p>Note:</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Authorised By

Signature

Date

Sent on: