

# Written authorization

## To allow another person to sign out the key to my apartment

For more information on how we process your personal information, please visit our website: [www.bostaden.umea.se/eng/GDPR](http://www.bostaden.umea.se/eng/GDPR) or contact Bostaden's Customer Service Center.

**I, who stand on the tenancy agreement, give another person the permission to sign out apartment keys and other related keys in my place.**

<b>Tenant</b>
Name _____
Social security number _____
Phone number _____
Address _____
Place and date _____
Signature tenant _____
<b>The person I give the permission to sign out my keys</b>
Name _____
Social security number _____

**If you have any questions, please contact your area landlord or Bostaden by phone 090-17 75 00.**