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Permission To Enter Suite Authorization

Today's Date:	
Formal Move in Date:	
Suite No.:	Strata Lot:
As the 🛛 owner / 🗋 agent of the above	listed Suite, I give permission for the
Construction Deficiency Superintenden	t to access this suite to carry out the
deficiency rectification until	•
Name (Please Print)	Signature
Home or Cell Phone Number	Business Phone Number
Email Address	Fax Number
Suite is: \Box Owner Occupied \Box	Tenant Occupied D Not Occupied
If no one is at home when work Please call before entering suite*	k is to be done: (please check one)
*Name and Phone Number if call:	

CUSTOMER CARE CENTRE

To process, please Fax, Email or Mail to: Fax: (604) 899-9183 Email: customercare@concordpacific.com Mail To: ATTN: CONCORD MONET PROJECT LIMITED PARTNERSHIP 9thFloor – 1095 West Pender, Vancouver, B.C. V6E 2M6