

MET2

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 Superintendent 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: Owner Occupied Tenant Occupied Not Occupied

If no one is at home when work is to be done: (please check one)

Please call before entering suite*

Please proceed with repairs

*Name and Phone Number if call: _____

CUSTOMER CARE CENTRE

To process, please Email, Fax or Mail to:

Email: customercare@concordpacific.com

Fax: (604) 899-9183

Mail To: ATTN: CONCORD MET 2 LIMITED PARTNERSHIP
9thFloor – 1095 West Pender, Vancouver, B.C. V6E 2M6