

## **Permission To Enter Suite Authorization**

Today's Date:  Formal Move in Date:	
As the □ owner / □ agent of the abov	ve listed Suite, I give permission for the
Construction Deficiency Superintender	nt to access this suite to carry out the
deficiency rectification until	•
Name (Diago Dring)	<u>C:</u>
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 wo	ork 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 Fax, Email or Mail to:

Fax: (604) 899-9183

Email: customercare@concordpacific.com

*Mail To:* ATTN: CONCORD OMEGA PROJECT LIMITED PARTNERSHIP 9<sup>th</sup>Floor – 1095 West Pender, Vancouver, B.C. V6E 2M6