

Permission to Enter Suite Authorization

Today's Date:	
Formal Move in Date:	
Suite No.:	Strata Lot:
As the \Box owner / \Box 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 🛛 Te	enant 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 Fax, Email or Mail to: Fax: (604) 899-9183 Email: customercare@concordpacific.com Mail To: ATTN: CONCORD ONE PACIFIC LIMITED PARTNERSHIP 9thFloor – 1095 West Pender, Vancouver, B.C. V6E 2M6