

Permission To Enter Suite Authorization

Suite No.: _____ Unit No.: _____

Today's Date: _____

Formal Move in Date: _____

As the owner / agent of the above listed Suite, I give permission for the Construction Deficiency Superintendent to access this suite to carry out deficiency repairs until the following date: _____

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 below:

Please call before entering suite* Please proceed with repairs

*Name/phone # if requesting a call: _____

CUSTOMER CARE CENTRE

To process, please Email, Fax, or Mail to:

Email: CustomerCare.Cap1@concordpacific.com

Fax: (403) 262-8338

Mail To: ATTN: THE CONCORD (CALGARY) LIMITED PARTNERSHP
109-738 1st Ave SW, Calgary, AB. T2P 5G8