

## HILLSIDE WEST

## **Permission To Enter Suite Authorization**

Tower: Suite No.:	Strata Lot:
Key Pick Up Date:	
Formal Move in Date:	
As the $\square$ owner / $\square$ 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	<b>Business Phone Number</b>
Email Address	Fax Number
Linaii Addiess	Tax Number
Please tick ( ✓ ) where applicable:	
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 and Phone Number (other than above contact) if call:	
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## **CUSTOMER CARE CENTRE**

To process, please email: <a href="mailto:Customercare.BHW1@concordpacific.com">Customercare.BHW1@concordpacific.com</a>