

Permission To Enter Suite Authorization

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	Business Phone Number
Email Address	Fax Number
Please tick (✓) where applicab	ulo:
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:	

CUSTOMER CARE CENTRE

To process, please email: customercare.dv@concordpacific.com