



THE MAYNARDS BLOCK

PERMISSION TO ENTER AUTHORIZATION

Please fill out information in full

Name: _____ Please Print	Date: _____
Suite No.: _____	Strata Lot: _____
Move in date: _____	
Home/Cell #: _____	Email Address: _____
Email Address: _____	
Suite is: _____ Owner Occupied _____ Tenant Occupied _____ Not Occupied	
As the <input type="checkbox"/> owner / <input type="checkbox"/> agent of the above noted suite; (please choose one)	
<input type="checkbox"/> I hereby authorize the construction deficiency team to access the suite without prior notice to complete any remaining deficiency work until the following date: _____	
OR	
<input type="checkbox"/> I would like to be contacted any time someone from the construction deficiency team requires access to the suite to complete any remaining deficiency work.	
If a call is requested please provide the telephone number to contact: _____	
Signature: _____	

To process please fax to
MAYNARDS CUSTOMER CARE – 604-684-1125 or email this form to customer.care@aquilini.com
THANK YOU