



PERMISSION TO ENTER AUTHORIZATION

Please fill out information in full

Name: _____ Date: _____
Please Print

Suite No.: _____ Strata Lot: _____

Move in date: _____

Home/Cell #: _____ Business Number: _____

Suite is: ___ Owner Occupied ___ Tenant Occupied ___ Not Occupied

Permission to enter Contact Phone Number: _____

Email Address: _____

As the owner / agent of the above noted suite, I hereby give permission for the construction deficiency team to access the suite to complete any deficiency work until the following date: _____.

If no one is at home during the time when work is to be completed, I hereby authorize the construction deficiency team to (check one): proceed with the work / call before entering.

If a call is requested please provide the telephone number to contact: _____

Signature: _____

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