

AMACON

LIVE WELL

ACCESS AGREEMENT FOR SERVICE WORK

I\We, the Homeowner(s) of Suite 1003, authorize AMACON CONSTRUCTION LTD and/or its authorized sub\contractors to enter my\our suite for the purpose of performing any service work requested by me\us in writing.

Date of Access: 17 day of March, 2011

Details

BEDROOM WINDOW DOES NOT OPENED
LEFT HANDLE IS TWISTED AND IT NEEDS
TO BE CHANGED.

Dated the 15 day of MARCH, 2011

ILDA TEIXEIRA
 Purchaser

[Signature]
 Purchaser

I\We understand that by not signing the above-noted access permission that this may impede the Vendors ability to make any necessary repairs in an expedient manner and that I\We can revoke or provide this authorization at any time by providing notice thereof via fax to (416) 369-9069 to the attention of Grahme Walsh.

INFORMATION UPDATE	INFORMATION UPDATE
Name: <u>ILDA TEIXEIRA</u>	Name:
Home phone: <u>905-791-1684</u>	Home phone:
Work phone: <u>416-590-7844 EXT 4052</u>	Work phone:
Cell phone: <u>647-</u>	Cell phone: