

Atten: Chantal Andrade  
FAX : 416-369-9068

AMACON

LIVE WELL

**ACCESS AGREEMENT FOR SERVICE WORK**

I\We, the Homeowner(s) of Suite 1711, 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: 20 day of April, 2011

Details

To inspect deficiency

Dated the 19 day of April, 2011

[Signature]  
Purchaser

\_\_\_\_\_  
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>NATALIA OK</u>	Name:
Home phone: <u>905-568-3654</u>	Home phone:
Work phone:	Work phone:
Cell phone: <u>647-403-6661</u>	Cell phone: