

LIVE WELL

ACCESS AGREEMENT FOR SERVICE WORK

I\We, the Homeowner(s) of Suite ______ 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: 24 day of MM, , 2012	
Details Measure cracked window, Cofa will be moved	_
ont of the way for window people.	_
Dated the 21 day of May 2012	
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: Claudia MEIntosh	Name:
Home phone: 647-963-2988	Home phone:
Work phone:	Work phone:
Cell phone: 647-963-2988	Cell phone: