AMACON

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: 31st day of October, 2012

Details to ~~check~~ balcony railings

Dated the 30th day of October, 2012

Gyilija Stojanovska
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) 369-9068 or (905) 232-4637 to the attention of Customer Care

INFORMATION UPDATE	INFORMATION UPDATE
Name: Gilja Stojanovski	Name:
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone: 416 270 2424	Cell phone: