

STRATA PLAN BCS 2103

Suite keys

Letter of Authorization and release of liability

DATE: _____

TOWER: _____ CIVIC ADDRESS: _____ Vancouver, BC
(Tower 1 or 2)

RESIDENT'S NAME: _____ SUITE NUMBER: _____

(Please print clearly)

I _____, give authorization to enter my suite in the case of an emergency or the annual fire test to First Service Residential and any employee of FSR.

Signature

Phone number