LETTER OF AUTHORIZATION

PERMISSION TO UNLOCK SUITE DOOR FOR MEDICAL EMERGENCY RESPONDERS

I/we, the undersing Weldrick Road East, Corporation No. 616 including any Board and/or Relief Supering suite for Medical Emfire Department.	Richmond Hill, do hereby gi Director, Manatent, to obt	, Ontario, York Reve permission to gement Office State in the key and un	egion Condominium the "Corporation", aff, Superintendent lock the door to my
My/our signature(s) on this form absolves the "Corporation" from any issues resulting from the unlocking of my/our suite door for this purpose.			
If you wish to grant delivered to the Mana	•	this form must be	e signed, dated and
If you do NOT wish to g	rant this permissi	on do NOT sign and	return this form.
DATED AT	, THIS	DAY OF	, 20
RESIDENT'S NAME (PRINT)		RESIDENT 'S SIGNA	TURE
RESIDENT'S NAME (PRINT)		RESIDENT 'S SIGNA	TURE