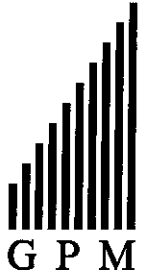


DATE: _____

ACTION ALERT FORM

GENERAL PROPERTY MANAGEMENT
242 APPLEWOOD CRES. UNIT 5, CONCORD, ON. L4K 4E5



FROM

NAME _____ SUITE _____ PHONE: (H) _____
CORPORATION _____ (O) _____

TO **SUBJECT**

MANAGEMENT OFFICE & BOARD OF DIRECTORS _____

MESSAGE

Permission is hereby granted to Management to enter my suite to carry out inspections and/or repairs.

SIGNATURE _____
(Check one:) OWNER TENANT of SUITE NUMBER _____

RESPONSE (To be filled by Management)

Please take your copy (PINK). Leave the rest of the form at the Security Desk or Management Office.

DISTRIBUTION: WHITE to Management Office; PINK to Resident; YELLOW to Board of Directors