

**LMS-2461  
ROSARIO GARDENS**

**UNINSURED RESIDENTS CONSENT FORM**

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I am the registered owner, or their authorized representative of unit # \_\_\_\_\_ at 8297 Saba Road, Strata Corporation LMS-2461 and I give permission to On-Side Restoration Services Ltd, its employees, sub-contractors, the strata corporation and its insurers to remove and destroy of any flooring and baseboards within the noted unit. I understand that it is necessary to remove and dispose of flooring damaged by water as a result of the incident on October 19, 2007 to allow for the building to be dried and made safe.

I understand that it is my responsibility to manipulate or remove the contents of the unit at my cost.

Signed: \_\_\_\_\_

Name (print): \_\_\_\_\_

Temporary Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_