



HUDSON WALK ONE

MOVE IN / OUT INSPECTION WAIVER

I, _____

hereby authorize: _____

to carry out the Move In / Out Inspection procedures in my absence.

Unit #: _____ - 755 Caledonia Avenue, Victoria, BC, V8T 0C2

I understand that by the above authorization, I relinquish the ability to contest any aspect of the move in / out inspection carried out by whom I have authorized and the Landlord's Agent.

(Landlord / Landlord's Agent signature)

(Leaseholder signature)

(Landlord / Landlord's Agent name)

(Leaseholder name)

Signed this _____
(day) (month) (year)

Please fill out this Form only if you are unable to conduct your own move in / out inspection and you must assign a representative to do so on your behalf