

BUILDING:	105 Adelaide Street West	F	PRIMARY ACCESS LOCATION :			
TENANT INFORMATION REQUESTING ACCESS						
TENANT NAME			PHONE NO. (WORK)	PHONE NO. ((AFTER HOURS)	
INDIVIDUAL NAME	<u> </u>		INDIVIDUAL NAME SIGNATURE	E		
COMPANIES AND INDIVIDUALS REQUIRING ACCESS						
					KEYS REQ'D CARD REQ'D	
COMPANY NAME		1) NAME OF INDIVIDU	JAL REQUIRING ACCESS			
2)		2)				
COMPANY NAME			JAL REQUIRING ACCESS			
3)		3)				
COMPANY NAME		NAME OF INDIVIDU	JAL REQUIRING ACCESS			
4)		4)				
COMPANY NAME		NAME OF INDIVIDU	JAL REQUIRING ACCESS			
See Attached List for Additional Names						
WORK INFORMATION						
DATES :						
DATES:	COMMENCEMENT DATE		COMPLETION DATE			
TIMES :	From: To:		From: SATURDAY, SUNDA	Y AND HOLIDAYS		
DESCRIPTION OF WORK TO BE PERFORMED:						
Location	s) Required Access To:		Access To Anoth	er Tenant's Premise	Yes	
Telephor		Roof	Access to Anoth	ici iciiani 3 i iciii3c	103	
	cal Room Boiler Room	Other				
☐ Electrica		LOCATION	TENANT NAME		FLOOR	
					TEOOK	
ELEVATOR AND LOADING DOCK REQUIREMENTS						
BOOKIN	G INFORMATION	☐ Elevator ☐ Load	ding Dock 🔲 O	versized Parking	See Attached List	
				F	To	
DELIVERY COMP	ANY	DATES REQUIRED		From: REQUIRED TIMES	То:	
OTHER REGULERANTS						
OTHER REQUIREMENTS						
REQUIRED SAFETY WORK PERMIT:						
INVOICE TO						
☐ Hot Wo	ork Sprinkler Fire Sys	tems Electrical	Mechanical Ot	ther		
	BROOK	FIELD MANAGEMENT	SERVICES AUT	THORIZATION		
BROOKFIELD MANAGEMENT SERVICES AUTHORIZATION						
AUTHORIZED BY DATE AUTHORIZED						
Distribution: ☐ Operations ☐ Security ☐ Life Safety ☐ Loading Dock ☐ Tenant Services ☐ Other:						