

BUILDING : 2 Queen Street East

PRIMARY ACCESS LOCATION : _____

TENANT INFORMATION REQUESTING ACCESS

ff
 TENANT NAME _____ PHONE NO. (WORK) _____ PHONE NO. (AFTER HOURS) _____
 INDIVIDUAL NAME _____ INDIVIDUAL NAME SIGNATURE _____

COMPANIES AND INDIVIDUALS REQUIRING ACCESS

		KEYS REQ'D	CARD REQ'D
1) _____ COMPANY NAME	1) _____ NAME OF INDIVIDUAL REQUIRING ACCESS	_____	_____
2) _____ COMPANY NAME	2) _____ NAME OF INDIVIDUAL REQUIRING ACCESS	_____	_____
3) _____ COMPANY NAME	3) _____ NAME OF INDIVIDUAL REQUIRING ACCESS	_____	_____
4) _____ COMPANY NAME	4) _____ NAME OF INDIVIDUAL REQUIRING ACCESS	_____	_____

See Attached List for Additional Names

WORK INFORMATION

DATES : _____
COMMENCEMENT DATE COMPLETION DATE

TIMES : **From:** _____ **To:** _____
MONDAY TO FRIDAY SATURDAY, SUNDAY AND HOLIDAYS

DESCRIPTION OF WORK TO BE PERFORMED: _____

Location(s) Required Access To: **Access To Another Tenant's Premise** Yes

Telephone Room CACF Room Roof
 Mechanical Room Boiler Room Other
 Electrical Room Chiller Room

LOCATION _____ TENANT NAME _____ FLOOR _____

ELEVATOR AND LOADING DOCK REQUIREMENTS

BOOKING INFORMATION Elevator Loading Dock Oversized Parking See Attached List

DELIVERY COMPANY _____ DATES REQUIRED _____ **From:** _____ **To:** _____
REQUIRED TIMES

OTHER REQUIREMENTS

REQUIRED SAFETY WORK PERMIT: Yes **SECURITY REQUIRED:** Yes

Hot Work Sprinkler Fire Systems Electrical Mechanical Other

INVOICE TO _____

BROOKFIELD PROPERTIES AUTHORIZATION

AUTHORIZED BY _____ DATE AUTHORIZED _____

Distribution : Operations Security Life Safety Loading Dock Tenant Services Other: _____