

BUILDING : 130 King Street West

PRIMARY ACCESS LOCATION : _____

TENANT INFORMATION REQUESTING ACCESS

_____ 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

_____ **From:** _____ **To:** _____
SATURDAY, SUNDAY AND HOLIDAYS

DESCRIPTION OF WORK TO BE PERFORMED: _____

Location(s) Required Access To:

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

Access To Another Tenant's Premise Yes

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: _____