## FIRST CANADIAN PLACE

## Brookfield

## **BUILDING ACCESS REQUEST FORM**

UILDING :       100 King Street West       PRIMARY ACCESS LOCATION :				
TENA	NT INFORMATION REQ	UESTING/AUTHORIZIN	G ACCESS	
TENANT NAME		PHONE NO. (WORK)	PHONE NO. (AFTER HOURS)	
INDIVIDUAL NAME		INDIVIDUAL NAME SIGNATURE		
	OWPANIES AND INDIV	IDUALS REQUIRING AC	KEYS REQ'D	CARD REQ'D
	1)			
COMPANY NAME	NAME OF IND	DIVIDUAL REQUIRING ACCESS		
	2)			
COMPANY NAME	NAME OF IND	IVIDUAL REQUIRING ACCESS		
COMPANY NAME	3)	IVIDUAL REQUIRING ACCESS		
	4)			
	NAME OF IND	DIVIDUAL REQUIRING ACCESS		
See Attached List for Additional Nat				
	WORK II	NFORMATION		
DATES :				
COMMENCEMENT DATE		COMPLETION DATE		
TIMES : From:	То:	From:	To:	
MONDAY TO FRIDAY		SATURDAY, SUNDAY AND HO		
Location(s) Required Access To:	_	Access To Another Te	nant's Premise	Yes
Telephone Room CACF Roo CACF Roo				
Mechanical RoomBoiler Roo				
	200/1101	TENANT NAME		DOR
	ELEVATOR AND LOAD	DING DOCK REQUIREMEN	15	
BOOKING INFORMATION	Elevator	oading Dock Oversize	d Parking 🛛 See Attac	hed List
		From	То:	
DELIVERY COMPANY	DATES REQUIRED	REQUIRE	D TIMES	
	OTHER R	EQUIREMENTS		
REQUIRED SAFETY WORK PI	ERMIT: 🗌 Yes S	ECURITY REQUIRED:	Yes	
Hot Work Sprinkler Fi	re Systems 🗌 Electrical	Mechanical Other		
BRO	OKFIELD MANAGEME	INT SERVICES AUTHOR		
				—
Distribution : Operations	Security 🔄 Life Safety 📘	Loading Dock 🔄 Tenant S	ervices Other:	