

Brookfield Properties

BAY ADELAIDE CENTRE ACCESS CARD CHANGE FORM

Building: _____

Tenant Name: _____

Suite Number: _____

Authorized By: _____

Date: _____

REPLACEMENT (lost/damaged/stolen)

Employee Name	Access Card #	Floor(s)	Reason for Replacement	Brookfield Use Only

TERMINATION (remove/disable)

Employee Name	Access Card #	Floor(s)	Reason for Replacement	Brookfield Use Only

Cards Received By: _____

Date: _____

Completed forms can be emailed to BAC.Accesscard@brookfield.com.

No signatures required from previously established tenant email addresses.