

Building: _____ Primary Access Location: _____

TENANT INFORMATION REQUIRING ACCESS

Tenant Name: _____	Work Number: _____
Individual Name: _____	Cell Number: _____
Signature: _____	

COMPANIES AND INDIVIDUALS REQUIRING ACCESS

COMPANY NAME	INDIVIDUAL REQUIRING ACCESS	KEYS REQUIRED	CARD REQUIRED
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

See attached list for additional names.

WORK INFORMATION

Commencement Date: _____	Completion Date: _____
Time: From: _____ To: _____ (Monday to Friday)	Time: From: _____ To: _____ (Saturday, Sunday & Holidays)
Description of work to be performed: _____ _____	
Location(s) Required Access To:	Access to Another Tenant's Premise: <input type="checkbox"/> YES
<input type="checkbox"/> Telephone Room <input type="checkbox"/> Boiler Room <input type="checkbox"/> Mechanical Room <input type="checkbox"/> Chiller Room <input type="checkbox"/> Electrical Room <input type="checkbox"/> Roof <input type="checkbox"/> CACF Room <input type="checkbox"/> Other: _____	Location: _____ Tenant Name: _____ Floor: _____

ELEVATOR AND LOADING DOCK REQUIREMENTS

BOOKING INFORMATION	
<input type="checkbox"/> Elevator <input type="checkbox"/> Oversized Parking <input type="checkbox"/> Loading Dock <input type="checkbox"/> See Attached List	Delivery Company: _____ Dates Required: _____ Time: From: _____ To: _____

OTHER REQUIREMENTS

REQUIRED SAFETY WORK PERMIT: <input type="checkbox"/> YES	SECURITY REQUIRED: <input type="checkbox"/> YES	Invoice To: _____
<input type="checkbox"/> Hot Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Systems <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Other: _____		

BROOKFIELD MANAGEMENT SERVICES AUTHORIZATION	
Authorized By: _____	Date Authorized: _____
Distribution:	
<input type="checkbox"/> Operations <input type="checkbox"/> Tenant Services <input type="checkbox"/> Loading Dock <input type="checkbox"/> Security <input type="checkbox"/> Other: _____	