

BUILDING : _____

PRIMARY ACCESS LOCATION : _____

TENANT INFORMATION REQUESTING ACCESS

TENANT NAME _____ WORK TELEPHONE # _____ AFTER HOURS TELEPHONE # _____
INDIVIDUAL NAME _____ INDIVIDUAL NAME SIGNATURE _____

COMPANIES AND INDIVIDUALS REQUIRING ACCESS

Table with 4 columns: Company Name, Name of Individual Requiring Access, Keys Req'd, Card Req'd. Includes rows 1-4 and a checkbox for 'See Attached List for Additional Names'.

WORK INFORMATION

DATES : COMMENCEMENT DATE _____ COMPLETION DATE _____

TIMES : From: _____ To: _____ 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 AUTHORIZATION

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