

BUILDING : 111-5th Avenue SW

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

LOCATION

Access To Another Tenant's Premise

Yes

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

INVOICE TO

- Hot Work
- Sprinkler
- Fire Systems
- Electrical
- Mechanical
- Other

BROOKFIELD MANAGEMENT SERVICES AUTHORIZATION

AUTHORIZED BY

DATE AUTHORIZED

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