

**Building:** \_\_\_\_\_ **Primary Access Location:** \_\_\_\_\_

### TENANT INFORMATION REQUIRING ACCESS

<b>Tenant Name:</b> _____	<b>Work Number:</b> _____
<b>Individual Name:</b> _____	<b>Cell Number:</b> _____
<b>Signature:</b> _____	

### 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

<b>Commencement Date:</b> _____	<b>Completion Date:</b> _____
<b>Time: From:</b> _____ <b>To:</b> _____ (Monday to Friday)	<b>Time: From:</b> _____ <b>To:</b> _____ (Saturday, Sunday & Holidays)
<b>Description of work to be performed:</b> _____ _____	
<b>Location(s) Required Access To:</b>	<b>Access to Another Tenant's Premise:</b> <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: _____	<b>Location:</b> _____ <b>Tenant Name:</b> _____ <b>Floor:</b> _____

### 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	<b>Delivery Company:</b> _____ <b>Dates Required:</b> _____ <b>Time: From:</b> _____ <b>To:</b> _____

### OTHER REQUIREMENTS

<b>REQUIRED SAFETY WORK PERMIT:</b> <input type="checkbox"/> YES	<b>SECURITY REQUIRED:</b> <input type="checkbox"/> YES	<b>Invoice To:</b> _____
<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	
<b>Authorized By:</b> _____	<b>Date Authorized:</b> _____
<b>Distribution:</b>	
<input type="checkbox"/> Operations	<input type="checkbox"/> Tenant Services
<input type="checkbox"/> Security	<input type="checkbox"/> Loading Dock
<input type="checkbox"/> Other: _____	