

Brookfield Properties

2 Bloor East ACCESS CARD REQUEST FORM

Building: _____

Tenant Name: _____

Suite Number: _____

Authorized By: _____

Date: _____

Authorized Floors/Areas: _____

Authorized Access: Business Hours Only

Evening

Weekend

Unlimited (24 hours)

Employee Name: _____

Job Title: _____

Department: _____

Office Location: _____

Office Telephone #: _____

Employee must provide acceptable photo identification to complete application process. Completed forms can be emailed to 2blooreast.securityadministrator@brookfieldproperties.com.

No signatures required from previously established tenant email addresses.

BROOKFIELD USE ONLY

Card Number: _____

Date: _____

Completed By: _____

Cards Received By: _____

Date: _____