

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**

		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:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
MONDAY TO FRIDAY SATURDAY, SUNDAY AND HOLIDAYS

**DESCRIPTION OF WORK TO BE PERFORMED:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Location(s) Required Access To:**  Telephone Room  CACF Room  Roof  Mechanical Room  Boiler Room  Other  Electrical Room  Chiller Room  
**Access To Another Tenant's Premise**  Yes  
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: \_\_\_\_\_