Brookfield

PLACE DE VILLE
ACCESS REQUEST FORM

BUILDING : _____ **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 ☐ CACF Room ☐ Roof
☐ Mechanical Room ☐ Boiler Room ☐ Other
☐ Electrical Room ☐ Chiller Room

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: _____