

## **SERVICE PERMIT REQUEST FORM**

## PLEASE FAX TO: 416.924.8979 48 BUSINESS HOURS ADVANCE NOTICE REQUIRED

ALL PROJECTS REQUIRE AUTHORIZATION FROM THE MANAGEMENT OFFICE TO PROCEED

| DATE:                                   | REQUESTED BY: |      |     |
|---|---------------|------|-----|
| TENANT CONTACT:<br>BUSINESS NUMBER:     |               |      |     |
| LOCATION OF WORK:                       |               |      |     |
| PERMIT DURATION<br>FROM:                | TO:           |      |     |
| DESCRIPTION OF WORK:                    |               |      |     |
|   |               |      |     |
| AFTER HOURS ACCESS REQUIRED:            |               | YES: | NO: |
| KEYS REQUIRED: COMMON AREA- TENANT AREA |               | YES: | NO: |
| PASSCARD REQUIRED:                      |               | YES: | NO: |
| ADDITIONAL COMMENTS:                    |               |      |     |
| ACKNOWLEDGMENTS:                        |               |      |     |
| POSTMEDIA PLACE:                        |               |      |     |
| TENANT:                                 |               |      |     |