

ACCESS NOTIFICATION

EXISTING TENANT PREMISES/OCCUPIED AREA

TENANT NAME/COMPANY _____

CONTACT NAME/TELEPHONE _____

ADDRESS/TOWER _____

FLOOR _____ SUITE # _____

DATE/TIME ACCESS REQUIRED _____

IS THERE A RELATED SERVICE REQUEST? IF SO, PROVIDE THE NUMBER _____

DURATION OF ACCESS _____

IS THIS A HIGH SECURITY FLOOR? YES NO _____

WILL SECURITY BE PROVIDED? YES NO _____

ANY CHANCE HAZARDOUS MATERIALS MAY BE DISTURBED/ENCOUNTERED? YES NO
IF YES, WHAT MATERIALS? WHAT PROVISIONS HAVE BEEN MADE?

WILL GDI/CLEANING BE PROVIDED AFTER WORK IS COMPLETE? YES NO _____

DETAILS OF ACCESS INCLUDING IMPACT TO TENANT(S)
(e.g. power interruption, light flickers, noise, no water, washrooms and/or access restrictions etc.)

VENDOR LIST/CONTACT INFO

NAME	COMPANY 1
2	_____
3	_____
4	_____

ACKNOWLEDGEMENT FOR ACCESS TO LEASED PREMISES

TENANT RELATIONS MANAGER _____ SIGNATURE _____ DATE _____

AREA AFFECTED: (mark area) _____ OFFICE #, FURTHER DESCRIPTION _____

ZONE 1 c	ZONE 2 c	ZONE 3 c
	CORE AREA c	
ZONE 6 c	ZONE 5 c	ZONE 4 c

