



# AFTER-HOURS ACCESS TO TENANT PREMISES

TENANT \_\_\_\_\_ TOWER \_\_\_\_\_ FLOOR(S) \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_  
(Please print)

SIGNATURE \_\_\_\_\_

ACCESS REQUIRED \_\_\_\_\_  
(Year/month/day/time)

**NOTE: TO ENSURE ACCESS THIS FORM MUST BE SUBMITTED TO THE TORONTO-DOMINION CENTRE SECURITY OFFICE PRIOR TO 4:00 PM ON DATE OF ENTRY.**

**PLEASE ADMIT THE FOLLOWING:**

NAME	COMPANY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FORWARD TO: **CF CONNECT**  
cfconnect@cadillacfairview.com

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ TIME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DISTRIBUTION      SUPERVISORS      SOC      ACC      TW1      TW2      TW3      TW4      TW5      TW6

COMMENTS \_\_\_\_\_

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