



YONGE CORPORATE CENTRE

## POWER SHUTDOWN REQUEST

### GENERAL INFORMATION

CITY PERMIT NUMBER \_\_\_\_\_

TENANT \_\_\_\_\_

TENANT CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FLOORS(S) \_\_\_\_\_ DATE \_\_\_\_\_

### CONTRACTOR/SERVICE PROVIDER INFORMATION

COMPANY \_\_\_\_\_

CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CELLULAR \_\_\_\_\_ EMAIL \_\_\_\_\_

### SCOPE OF POWER SHUTDOWN WORK

DATE OF WORK \_\_\_\_\_

HOURS OF WORK FROM \_\_\_\_\_ TO \_\_\_\_\_

FLOORS AND MCC PANELS AFFECTED \_\_\_\_\_

DETAIL SUMMARY OF WORK \_\_\_\_\_

\_\_\_\_\_

- FOUR (4) WEEKS minimum notice required for all shutdown request
- Email forms to [gino.ditomasso@cadillacfairview.com](mailto:gino.ditomasso@cadillacfairview.com) AND [kevin.wylie@cadillacfairview.com](mailto:kevin.wylie@cadillacfairview.com)

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