

POWER SHUTDOWN REQUEST



GENERAL INFORMATION

CITY PERMIT NO. _____ SPL PERMIT _____

TENANT _____

TENANT CONTACT _____ TELEPHONE _____

FLOOR(S) _____ CF CONTACT _____

DATE _____

CONTRACTOR/ELECTRICAL INFORMATION

COMPANY _____

CONTACT NAME _____ TELEPHONE _____

CELLULAR _____ EMAIL _____

SCOPE OF POWER SHUTDOWN WORK

DATE OF WORK _____

HOURS OF WORK FROM _____ TO _____

FLOORS AFFECTED _____

DETAILED SUMMARY OF WORK _____

- **Four (4) weeks** minimum advance notice required for all shutdown requests
- Email form to cfconnect@cadillacfairview.com for processing

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____

ADDITIONAL INFO INSURANCE WSIB DWGS. CONTACT SHEET

DISTRIBUTION OPERATIONS SECURITY & LIFE SAFETY SPL MANAGEMENT

COMMENTS _____