

# POWER SHUTDOWN REQUEST



## GENERAL INFORMATION

CITY PERMIT NO. \_\_\_\_\_ RBC CENTRE 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](mailto:cfconnect@cadillacfairview.com) for processing

### FOR OFFICE USE ONLY

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL INFO  INSURANCE  WSIB  DWGS.  CONTACT SHEET

DISTRIBUTION  OPERATIONS  SECURITY & LIFE SAFETY  RBC CENTRE MANAGEMENT

COMMENTS \_\_\_\_\_