

SERVICE WORK PERMIT



GENERAL INFORMATION

TENANT _____

TENANT CONTACT _____ TELEPHONE _____

FLOOR(S) _____ DATE _____

CONTRACTOR/SERVICE PROVIDER INFORMATION

COMPANY _____

CONTACT NAME _____ TELEPHONE _____

CELLULAR _____ EMAIL _____

PROJECT/SERVICE(S) INFORMATION

DURATION FROM _____ TO _____

HOURS OF WORK FROM _____ TO _____

ACCESS CONTROL PASSCARD ESCORT KEYS – TENANT KEYS – COMMON

SUMMARY OF WORK _____

ACKNOWLEDGEMENT

TENANT SIGNATURE _____ CF SIGNATURE _____

NAME _____ NAME _____

- ALL trades MUST be unionized
- A comprehensive list of ALL trades, names of workers expected on site, and emergency contact numbers must be attached to this permit form
- Email form to cfconnect@cadillacfairview.com for processing

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____

DISTRIBUTION OPERATIONS SECURITY & LIFE SAFETY RBC CENTRE MANAGEMENT

COMMENTS _____