



SERVICE WORK PERMIT

EMAIL FORM TO: tdcooperations@cadillacfairview.com

Please provide 72 hours for review and approval.

GENERAL INFORMATION

TENANT _____

TENANT CONTACT _____ TELEPHONE _____

BUILDING _____ FLOOR(S) _____

DATE _____ EMAIL _____

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

WILL THIS WORK BE COMPLETED IN AREAS OUTSIDE YOUR LEASEABLE SPACE (I.E. RISER ROOMS, MECHANICAL ROOMS, JANITOR CLOSETS, ETC.)? YES NO

IF YES, SPECIFY WHERE: _____

SUMMARY OF WORK _____

SUB-TRADES _____

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
- All fields are mandatory
- Cadillac Fairview is not responsible for screening visitors to the buildings. Please ensure you are aware of the current COVID-19 screening requirements and that you do not enter the complex if you respond YES to any of those questions.

FOR OFFICE USE ONLY	
RECEIVED BY _____	DATE _____
DISTRIBUTION <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TENANT RELATIONS <input type="checkbox"/> SECURITY & LIFE SAFETY <input type="checkbox"/> PROJECT MANAGEMENT	
COMMENTS _____	