

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

<p>FOR OFFICE USE ONLY</p> <p>RECEIVED BY _____ DATE _____</p> <p>DISTRIBUTION _____</p> <p>COMMENTS _____</p>
