## **ROOF ACCESS REQUEST**

EMAIL FORM TO: cfconnect@cadillacfairview.com

Mandatory fields must be completed to prevent processing delays. Minimum 48 hours' notice required.

GENERAL INFORMATION			
CLIENT			
CLIENT NAME	_ т	ELEPHONE	
CELL	E	MAIL	
DATE OF REQUEST			
CONTRACTOR/SERVICE PROVIDER TRADE INFOR	MATION		
COMPANY			
CONTACT NAME	Т	ELEPHONE	
CELL	E	MAIL	
ROOF ACCESS TIMEFRAME			
FROM (AM/PM)	(AM/PM) _		(DATE)
UNTIL (AM/PM)	(AM/PM) _		(DATE)
DESCRIPTION OF ROOF ACCESS REQUEST/PURPOSE:			
LIST OF EMPLOYEES WHO WILL BE ACCESSING THE ROOF:			
The contractor acknowledges that all employees granted acce be completed and the site conditions.	ss to the a	areas(s) have been trained in the re	elevant aspects of the work to
OWNER POLICY			
In consideration of being allowed access to the roofs and exter waives, releases, and forever discharges The Cadillac Fairview enumerated below and their respective directors, officers, empall liabilities, actions, claims, demands, damages, and losses or or death, in any way sustained by the undersigned (or the und roofs and the exterior (above ground level) of the following but PROPERTY ADDRESS	r Corporat ployees, si f any kind ersigns er ildings:	tion Limited and the owners and la hareholders, assignees, agents, an or nature in respect of property da nployees, agents or contractors) b	ndlords of the buildings ad contractors from any and amage, loss or personal injury eing allowed access on the
The undersigned recognizes the inherent dangers of being allos arising from the undersigned's entry onto said roofs and exterior			sumes all risks in any way
SIGNATURE	_ N	IAME (PRINT)	