

# 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](mailto:cfconnect@cadillacfairview.com) for processing

### FOR OFFICE USE ONLY

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

DISTRIBUTION  OPERATIONS  SECURITY & LIFE SAFETY  SPL MANAGEMENT

COMMENTS \_\_\_\_\_