

Access Card Request Form



Card Number: _____	New Issue: _____
Reactivate: _____	Deactivate: _____
Issue Date: _____	Expiry Date: _____

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Email: _____ Company: _____

24-Hour Access: Yes No

Access Type: Passcard Mobile Key Access Both

ACCESS LEVEL

Department: _____

Office Phone #: _____

Supervisor: _____

Supervisor Phone #: _____

Authorized Signature: _____

Date: _____

PLEASE COMPLETE, IF YOU HAVE AN ASSIGNED PARKING STALL

Parking Stall #: _____

Car Make / Model: _____

License Numbers: _____

Bike Model/Color: _____

The Cadillac Fairview Corporation Limited and its affiliates ("Cadillac Fairview") uses the information collected from you, including your photograph and logs relating to your use of the passcard, for building access control and security purposes. Your information may be transferred to third-party service providers who process personal information on our behalf, provided such third parties agree to safeguard your information. Your information may also be transferred to a third party in the event a third party acquires all or part of our business. You understand and agree that Cadillac Fairview will disclose information about your use of the passcard to enter a tenant's premises with that tenant. You understand that the tenant is responsible for the handling of that information once it has been disclosed to the tenant. Cadillac Fairview may also disclose your personal information to law enforcement or others for the purposes of an investigation or where required by law. If you wish to have a copy of Cadillac Fairview's privacy policy, please visit www.cadillacfairview.com. If you have a privacy question or concern, you may contact Cadillac Fairview's Chief Privacy Officer in writing at 20 Queen Street West, Suite 500, Toronto, Ontario, MSH 3R4.

I, the undersigned, have read and acknowledge the above privacy statement and consent to the collection, use and disclosure of my personal information for the purposes stated therein.

Employee Signature _____

Date: _____

TO BE COMPLETED BY SECURITY & LIFE SAFETY	
Date entered into database: _____	Entered By (S): _____
Time entered: _____	Initial: _____
Photo: Yes <input type="checkbox"/> No <input type="checkbox"/>	