

POWER SHUTDOWN REQUEST

EMAIL FORM TO: cfconnect@cadillacfairview.com



GENERAL INFORMATION

CITY PERMIT NO. _____

TENANT _____

TENANT CONTACT _____ TELEPHONE _____

FLOOR (S) _____ DATE _____

CONTRACTOR TRADE INFORMATION

COMPANY _____

CONTACT NAME _____ TELEPHONE _____

CELL _____ 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.
- **Weekdays 12:00 pm - 5:00 am & Weekends 12:00 pm - 5:00 am**

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____

DISTRIBUTION _____

COMMENTS _____