

4.0 FORMS REFERENCE

PLEASE REFER TO THE ATTACHED SAMPLE FORMS AS FOLLOWS:

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'Working' Copies of all forms have been provided in the 'Forms' Section of the Tenant Information Manual.

4.1 AFTER HOURS EMERGENCY CONTACT FORM

(Sample Only – see Master Forms for Working Copy)

PLEASE FAX TO: (416) 552-6351

EMERGENCY CONTACT LIST

EMERGENCY CONTACT # 1:	
Name/ Title:	
Telephone:	
Cellular:	
Other:	

EMERGENCY CONTACT # 2:	
Name/ Title:	
Telephone:	
Cellular:	
Other:	

EMERGENCY CONTACT # 3:	
Name/ Title:	
Telephone:	
Cellular:	
Other:	

EMERGENCY CONTACT # 4:	
Name/ Title:	
Telephone:	
Cellular:	
Other:	

4.2 DAYTIME TENANT CONTACT FORM

(Sample Only – see Master Forms for Working Copy)

PLEASE FAX TO: (416) 552-6351

OFFICE MANAGEMENT

TENANT NAME:	
MANAGER'S NAME:	
TELEPHONE:	
FAX:	
OTHER:	

COMPANY OWNERSHIP

COMPANY NAME:	
OWNER'S NAME:	
TELEPHONE:	
FAX:	
OTHER:	

FINANCIAL AND LEASING MATTERS

FINANCIAL/ LEASING CONTACT:	
ADDRESS (if off-site):	
TELEPHONE:	
FAX:	
OTHER:	

(Sample Only – see Master Forms for Working Copy)

PLEASE FAX TO: (416) 552-6351

TENANT NAME: _____

SUITE NUMBER: _____

CONTACT NAME: _____

TELEPHONE #: _____

FAX #: _____

DATE(S) REQUIRED _____

TIME (Start & Finish) _____

PURPOSE OF RESERVATION:

All move-ins and move-outs will be made after 6:30 p.m. daily. Movement of goods is permitted via the designated elevator only.

180 Simcoe Street Shipping/ Receiving is located at 17 St. Patrick Street.

The Landlord requires not less than 48 hours advance notice for all elevator bookings. The elevators are booked on a first-come, first-served basis.

A building Security Officer must be booked for all elevator usage outside of the 7 am to 630 pm Monday through Friday periods at a Tenant cost of Twenty-Five Dollars (\$25.00) per hour, with a minimum charge of four (4) hours.

ELEVATOR BOOKING CONFIRMATION (for office use only)

Date Received: _____ Availability Confirmed? _____
Authorized By: _____ Date: _____

Security Notified:	Yes	No	Date:
Operations Notified:	Yes	No	Date:
Operator Confirmed:	Yes	No	Date:



TENANT WORK PERMIT REQUEST FORM
(Sample – See Master Forms)

48 HOURS ADVANCED NOTICE REQUIRED

PLEASE FAX TO: (416) 552-6351

REQUESTED BY: _____ DATE: _____

TENANT: _____ TELEPHONE #: _____

DATE(S) OF JOB: _____ START TIME: _____ FINISH TIME: _____

DESCRIPTION OF WORK: _____

SPECIAL EQUIPMENT TO BE USED: *(if any)* _____

NAME OF CONTRACTOR AND / OR

SUPPLIER: _____

CONTACT NAME: _____

TELEPHONE #: _____

CELL/ PAGER #: _____

SUBTRADES: (Attach list, if any) _____

SERVICE ELEVATOR REQUIRED: _____

IF YES, STATE INTENDED USE AND YES NO

TIME(S) _____

ASSISTANCE REQUIRED OF _____

MANAGEMENT? YES NO

COMMENTS: _____

GUARD REQUIRED? YES NO

PLEASE NOTE: SECURITY GUARD

REQUIRED AFTER HOURS AT TENANT

COST @ \$20.00 PER HOUR

EXPLAIN DUTY: _____

NOTE: ALL RENOVATIONS/ CONSTRUCTION TO PREMISES REQUIRE PRIOR AUTHORISATION FROM THE MANAGEMENT OFFICE.

X _____

4.7 FIRE SYSTEM BY-PASS FORM (Sample – See Master Forms)

PLEASE FAX TO: (416) 552-6351

Tenant/Company Requesting Permit (Responsible for Costs)

Name:	Contact Name:	Office Phone:
Address:		Fax No:
City:	Postal Code:	
Site Contact:		Site Contact Phone:
Date Permit is Required:		Time Start:
Estimated Finish Time:		Actual Finish Time:
Building / Area of Work:		
Type of Work:		
Signature of Tenant/Contractor:		Approved by Property Management:

Tenant/Contractor:

- Have you reviewed & signed the building safety policy for hot work or fire safety system bypasses
- Is required safety equipment onsite & in good working order
- You must sign in with security & building operations before any work shall start. Failure to do this will mean suspension of your permit
- You must check in with building security & building operations when the work is complete. Failure to do this will mean the billing for the bypass will continue until it is done
- You must have your permit tag at the site at all times.
- Failure to do this will result in suspension of permit.
- Tag is issued when you arrive on-site.

Building Operations:

- Have all schedules been reviewed for conflicts?
- Has safety check list been reviewed for compliance?
- Have tenants adjacent to work area been informed?
- Will work being done compromise fire life safety for the complex?
- Has tenant/contractor safety equipment been checked?
- Are appropriate systems bypassed & are systems being monitored.
- Issue tag only if compliance is met.

Your request for permit must be submitted 48 hours in advance of work

Only when work is authorized by Property Management shall a permit be granted

This policy is for the safety of all occupants of this complex.