

TENANT WORK PERMIT REQUEST FORM

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 TIME(S) YES NO

ASSISTANCE REQUIRED OF MANAGEMENT?
 COMMENTS: YES NO

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.

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