



### ACCESS REQUEST FORM

BUILDING: 1055 WEST GEORGIA ST.

#### TENANT / REQUEST INFORMATION

TENANT / REQUESTOR COMPANY NAME	DAY-TIME TELEPHONE	AFTER-HOURS TELEPHONE
TENANT / REQUESTOR NAME	TENANT / REQUESTOR SIGNATURE	

#### COMPANIES AND INDIVIDUALS REQUIRING ACCESS

1) COMPANY NAME	1) NAME OF INDIVIDUALS REQUIRING ACCESS
2) COMPANY NAME	2) NAME OF INDIVIDUALS REQUIRING ACCESS
3) COMPANY NAME	3) NAME OF INDIVIDUALS REQUIRING ACCESS
4) COMPANY NAME	4) NAME OF INDIVIDUALS REQUIRING ACCESS
5) COMPANY NAME	5) NAME OF INDIVIDUALS REQUIRING ACCESS

#### WORK INFORMATION

FLOORS/AREA(S) WHERE WORK IS TO BE PERFORMED: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENCEMENT DATE: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

TIMES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MONDAY-FRIDAY SATURDAY, SUNDAY AND HOLIDAYS

DESCRIPTION OF WORK: \_\_\_\_\_

#### ELEVATOR AND LOADING DOCK REQUIREMENTS

**BOOKING INFORMATION**     ELEVATOR     LOADING DOCK

DELIVERY COMPANY: \_\_\_\_\_ DATE REQUIRED: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REQUIRED TIMES: \_\_\_\_\_

#### OTHER REQUIREMENTS

ACCESS TO TENANT AREAS: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_ FLOOR: \_\_\_\_\_ DATE REQUIRED: \_\_\_\_\_

#### FOR WARRINGTON PCI USE ONLY

SAFETY WORK PERMIT REQUIRED     KEY REQUIRED | TENANT SERVICES: \_\_\_\_\_ OPS: \_\_\_\_\_

## **ACCESS REQUEST FORM**

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**Please note all contractors entering Royal Centre must:**

- Wear a mask and gloves or other protective equipment if appropriate
- Maintain physical distancing
- Wash/sanitize hands regularly
- Follow all health and safety guidelines in place relating to COVID-19

**Contractors are not permitted to enter Royal Centre if any of the below apply:**

- Feeling unwell or have any COVID-19 symptoms such as fever, cough, fatigue
- Close contact with someone who has tested positive for COVID-19
- Travelled outside of Canada in the past 14 days