

**150 KING STREET WEST
REQUEST FOR MOVEMENT SUPERVISION OR SECURITY ESCORT**

IMPORTANT

This form, when completed must be confirmed by the management office 72 hours before the requested move or service date.

TENANT: _____ SUITE NO: _____

NAME OF CONTRACTOR: _____

TENANT CONTACT: _____

TENANT PHONE NO: _____

SECURITY AUTHORIZED TO OPEN TENANT PREMISES: YES NO

TENANT AUTHORIZED SIGNATURE: _____ DATE: _____

NOTE: All movement of freight or bulky matter is restricted to the service elevator. To avoid any potential scheduling issues, we recommend reserving the freight elevator as early as possible. Exclusive use of the elevator by assignment is neither granted nor implied. The tenant is responsible for any damage caused as a result of the move.

NAME OF CONTRACTOR REPRESENTATIVE: _____ PHONE NO: _____

NO. OF PERSONNEL: _____

TYPE OF GOODS TO BE MOVED IF APPLICABLE: _____

Start Date Start Time	End Date End Time	Freight Elevator	Security Coverage	Work Type/Description	Areas/Details/Notes

PMO AUTHORIZATION: _____

Charges for movement supervision, including hoisting and elevator services, are the responsibility of the Tenant. Inaccurate appointment bookings and/or late cancellations are subject to appropriate tenant charges by BentallGreenOak. Please note that all charges are subject to a 15% administration fee.

NOTE: Minimum time charge for all requests is four hours.