

**TORONTO MEDICAL DISCOVERY TOWER**  
**Facilities Management & Operations**  
**Pass card & Key Request Form**



**COMPLETE ONE FORM PER TENANT CARDHOLDER AND SUBMIT TO FACILITIES OPERATIONS OFFICE**

**NAME OF CARDHOLDER:** Employee Number: \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (To be completed by Applicant) Surname: \_\_\_\_\_ **Notes:**  
 First Name: \_\_\_\_\_  
 Department: \_\_\_\_\_ Tele: \_\_\_\_\_

**AUTHORIZED BY:** SURNAME: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_

**Authorizing Administrator's Signature:**

**GRAY AREAS FOR SECURITY USE ONLY. PASSCARDS ISSUED AT PHOTO SESSION UNLESS OTHERWISE ADVISED.**

**(A) THIS SECTION FOR NEW CARDHOLDERS ONLY:**

**BUILDING ACCESS:**  
 24/7 + Holidays     7 AM to 7 PM M-F     24 HOURS M-F ONLY  
 OTHER \_\_\_\_\_

**FLOOR ACCESS REQUIRED:**  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  
 Note: *You may authorize access only to floors for which you are responsible.*

**SPECIAL REQUESTS:**

**SECURITY USE ONLY**

**Issued:**  
 PROXIMITY CARD  
 Number: \_\_\_\_\_  
 PROXIMITY TAG  
 Number: \_\_\_\_\_  
 KEY(S)  
 Number: \_\_\_\_\_

**(B) THIS SECTION FOR EXISTING CARDHOLDERS ONLY:** Existing Card ID #: \_\_\_\_\_  
 ACTION:  Replace     Return     Add ID Tag     Other  
 Reason for Action: \_\_\_\_\_ Description: \_\_\_\_\_

**SECURITY USE ONLY**    **KEY INFORMATION:** Room Number(s): \_\_\_\_\_  
 Grand Master     New Key(s) \_\_\_\_\_  
 Master     Replacement Key(s) \_\_\_\_\_  
 Room     Other \_\_\_\_\_  
 Floor Number(s): \_\_\_\_\_



DATE ENTERED:		DEPARTMENT:
ENTERED BY:		
DATE OF PHOTO:		PHOTO ID NUMBER: _____

**PASSCARD RECEIPT CONFIRMATION (To be completed upon issuance/return of Pass Card / Keys)**

NAME OF RECIPIENT:	<input type="checkbox"/> Receipt _____ Date: _____
SIGNATURE:	<input type="checkbox"/> Return _____ Date _____
NAME OF ISSUER:	DEPARTMENT:
SIGNATURE:	DATE: