

SECURITY - VISITOR ACCESS REQUEST FORM

True North Square Limited Partnership
Attn: Security
400-242 Hargrave Street
(P) 204.942.6587
(E) TNSSecurity@bentallgreenoak.com

Company Name: _____ Floor/Suite: _____

Authorized by (print): _____ Date: _____

Phone: _____ Email: _____

***Instructions: Please complete the information below.**

Visitor Name:	Time in:
Date of Visit:	Time out:

Visitor Name:	Time in:
Date of Visit:	Time out:

Visitor Name:	Time in:
Date of Visit:	Time out:

Special Notes:

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Signature

Date

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