

Request for Contractor/Consultant Identification Card

From:	Name Facilities Management Department (i.e. CPDC, Custodial)
To:	Brock Card Office, DeCew Residence

Please issue a Brock University identification card to the individual noted herein who has been contracted by the University to undertake design and/or construction services.

Name of Individual Requiring ID:	
Role:	<input type="checkbox"/> Contractor <input type="checkbox"/> Consultant
Company Name:	
Account # to be charged:	- -
Project:	<input type="checkbox"/> specific project (specify) <input type="checkbox"/> multiple projects/ongoing work
Duration:	<input type="checkbox"/> fixed expiry date (specify) <input type="checkbox"/> no expiry date (ongoing)
Comment:	

By signing this form, the requestor authorizes the issuance of a Brock University identification card to the individual named above.

Requested by:**Picked-up by:**

Name:	Name:
Signature: _____	Signature: _____
Position/ Title:	Date:
Date:	Card to be returned prior to expiry date or when requested by Brock University