

LOCATION: Coquitlam Langley Mission Surrey

Unit number: _____

First name: _____

Last name: _____

Is this unit primarily used for: Business Personal

If for Business use, please provide the following:

Company Name: _____

Phone Number: _____

Alternate Phone Number: _____

Email: _____

Company Website: _____

Industry/Type of Business _____

If for Personal use, please provide the following:

Phone Number: _____

Alternate Phone Number: _____

Email: _____

Our regular access hours are 6am-11pm 7 days a week.
Please indicate the reasons why you feel you require access outside of these times.
Please be specific.

Is your request: Temporary Permanent
(1-2 Days) (Length of Stay)

If temporary, indicate the dates you require this access: From: _____ To: _____

OFFICE USE ONLY

CSO Search Findings: Clear Not Clear

Manager Comments: _____

Decision: Approved Denied Fee Added Customer Notes Updated

Authorized By: _____
Name (please print) Signature Date