



SECURITY "SPECIAL" SERVICES REQUEST FORM

24 HOURS NOTICE IS REQUIRED

Please email (service@petersonbc.com) or fax (604.688.3245).

Date: _____

Tenant Name: _____ Suite #: _____

Requested By: _____ Phone Number: _____

Email Address: _____

(Check or Fill In Other)

Move-Out _____ Move-In _____ Other _____

Date: _____

Hours: _____

* Rate is \$28.83/hr (subject to change) and is based on 4 hours minimum billing. Statutory Holidays subject to additional charges.

Moving Co.: _____

Moving Co. Contact: _____

Moving Co. Phone: _____

Notes / Special Instructions: _____

Tenant Authorization:

(authorized signature)

(print name & title)