



Request for Issuance of Security Fob

FOB#: _____

I am a (check one): Resident/tenant Essential Care Giver/POA Client Staff/Volunteer

Last Name: _____ First Name: _____

Resident Name: Last Name: _____ First Name: _____ UPI#: _____

Room/Location or department: _____ Contact #: _____

(Please Print)

IMPORTANT – TERMS AND CONDITIONS

- ✓ Requestor must make arrangements to pick up their own fob in person from Support Services during regular office hours (M-F 8-4).
 - Question/Comments: Concetta Santoro: 613.523.7171 ext. 2520 (csantoro@perleyhealth.ca)
- ✓ Current Photo ID will be required at time of pick up with every key FOB issuance form.
- ✓ Only original approval signatures will be allowed for security reasons. No photocopies
- ✓ There is a **non-refundable** \$10 fee to receive a FOB, payable at the Support Services Office. Residents who are eligible for a FOB will not be required to pay.
- ✓ Lost FOBs are to be reported as soon as possible to a maximum time of 24 hours.
- ✓ For all users: If a FOB is lost, a replacement fee will be charged and must be paid prior to issuance of a new FOB (currently \$10 per FOB payable at the Support Services Office). Damaged FOBs will be replaced free of charge. Fees subject to change.
- ✓ FOBs are non-transferrable. Requestors are solely responsible for each FOB.
- ✓ It is the recipient's responsibility to ensure that they do not let anyone else (outside of their party) in or out doors where they have swiped.
- ✓ This FOB is the property of Perley Health, and shall be returned in the event it is no longer required, or in cases of misuse at the request of the Manager of Property Services.
- ✓ All persons entering Perley Health must continue to comply with screening requirements as directed by the MLTC, including using designated entries upon arrival.
- ✓ I understand that use of this FOB may result in my access to the building being tracked
- ✓ By signing below, I am confirming that I have received and accepted the FOB under the above terms and conditions.

Signature : _____ Date: _____

Received by: _____ Date: _____

Approved by: _____ Date: _____

Issued by: _____ Date: _____

Date Surrendered: _____ Reason: _____ Received by: _____

Cash Debit Credit

For Office Use Only