



# Request for Issuance of Security Fob

FOB#: \_\_\_\_\_

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

Last Name Applicant: \_\_\_\_\_ First Name Applicant: \_\_\_\_\_

Phone Number Applicant: \_\_\_\_\_

Resident/Tenant: Name: \_\_\_\_\_

Room/Location or Department: \_\_\_\_\_

(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 (Monday to Friday 8am-4pm).
  - Question/Comments: Concetta Santoro: 613.523.7171 ext. 2520 (csantoro@perleyhealth.ca)
- ✓ Current Picture Identification will be required at time of pick up with EVERY key fob issuance form.
- ✓ Only original approval signatures (No Photocopies) will be allowed for security reasons.
- ✓ For, Essential Care Givers, POA's, and Clients there is a NON-REFUNDABLE \$10 fee to receive a fob, payable at the Support Services Office. Staff members are exempt. Residents who are eligible for a fob will not be required to pay.
- ✓ Lost FOB's are to be reported immediately upon discovering loss.
- ✓ For all users: If a fob is lost, a replacement fee will be charged and must be paid prior to issuance of a new (currently \$10 per fob payable at the Support Services Office). Damaged Fobs will be replaced free of charge. Fees subject to change.
- ✓ Requestors are solely responsible for each fob they sign for and FOBs are non-transferrable.
- ✓ It is the recipient's responsibility to ensure that they do not let anyone else (outside of their party) In or Out exit doors where they have swiped.
- ✓ Fobs are the property of Perley Health, and shall be returned upon resident discharge or staff departure from Perley Health, or in cases of misuse at the request of the Manager of Property Services.
- ✓ 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**