



SHORT TERM CONTRACT REQUEST

CLIENT BILLING INFORMATION					
Company name:					
Street Address:					
City:		Postal code:			
Client PO/WO #:					
Contact name:		Billing name:			
Contact phone:		Billing phone:			
Contact email address:		Billing email address:			
WORK SITE INFORMATION					
Site name:					
Street Address:					
City:		Postal code:			
Guard post location:					
Site contact name:					
Site contact cell phone:					
Site contact email:					
SERVICE INFORMATION					
Number of guards:			Shift times:		
Start date and time:			End date and time:		
REQUIRED SERVICES	Y – N	Comments	SITE SPECIFICS	Y – N	Comments
Access control:	<input type="radio"/> <input type="radio"/>		Washroom onsite:	<input type="radio"/> <input type="radio"/>	
Security presence:	<input type="radio"/> <input type="radio"/>		Telephone onsite:	<input type="radio"/> <input type="radio"/>	
Active patrol (interior):	<input type="radio"/> <input type="radio"/>		Free Parking onsite:	<input type="radio"/> <input type="radio"/>	
Active patrol (exterior):	<input type="radio"/> <input type="radio"/>		Paid Parking onsite:	<input type="radio"/> <input type="radio"/>	
CCTV Monitoring:	<input type="radio"/> <input type="radio"/>		Break area onsite:	<input type="radio"/> <input type="radio"/>	
Contractor Escort:	<input type="radio"/> <input type="radio"/>		Keys/access cards, lock box:	<input type="radio"/> <input type="radio"/>	
Other comments:			Wi-Fi network:		
			Wi-Fi password:		
			PPE Considerations: (mask, gloves, hard hat, etc.)		

Please return filled out request to hamiltondispatcher@commissionaires.ca