



WESTMOUNT PLACE

Contractor Authorization Form

This form is for use by a contractor to obtain authorization to work in Westmount Place.		
CONTRACTOR NAME		
CONTRACTOR CELL PHONE		
CONTRACTOR WORK PHONE		
CITY BUSINESS LICENSE NUMBER (Attach copy)		EXPIRY DATE:
INSURANCE COMPANY NAME AND PHONE		
INSURANCE POLICY NUMBER (Attach copy)		EXPIRY DATE:
LIABILITY INSURANCE OF AT LEAST \$2,000,000 IN PLACE?	YES / NO	
WORKERS' COMPENSATION BOARD (WCB) COVERAGE # (Attach copy)	(Required when contractor has employees)	EXPIRY DATE:
Are copies of the required documents provided?	YES / NO	
CONTRACTOR LICENSED FOR:	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Plumbing <input type="checkbox"/> Heating <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical</div><div><input type="checkbox"/> Drywall <input type="checkbox"/> Painting <input type="checkbox"/> Other _____ _____</div></div>	
<p>I hereby acknowledge and accept responsibility for any damage caused to any areas of Westmount Place because of work I authorize or carry out. In the event that damages occur, I will forward payment within 30 days of receipt of an invoice for repairs.</p> <p>The owner is directly responsible to Westmount Place for any damage to common property. In the event of damage, it is the Owners responsibility to collect from the contractors/trades people.</p> <p>I hereby agree to the terms and conditions outlined above:</p> <p>CONTRACTOR Sign: _____ Print Name _____ Date: _____</p> <p>Manager Authorized: _____ Print Name _____ Date: _____</p> <p>E-mail copies of this completed form and copies of the three described documents to the Building Manager</p>		