



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

- Any member of the Perley Health community can purchase a FOB.
- Only one FOB is required to provide door access and for use in the Perley Health parking kiosk.
- To register for and activate a parking FOB, please visit (PerleyHealth.ca/parking)
- Only the individual applicant can request a FOB and pick up the FOB from Support Services. The Support Services office is open 8 am to 3:45 pm, Monday through Friday. The office is closed for lunch daily from Noon to 1 pm.
- Only original approval signatures are accepted (no photocopies).
- There is a NON-REFUNDABLE \$15 fee for a FOB for all individuals, with the exceptions of eligible residents.
- Lost FOBs should be reported immediately to Support Services.
- A replacement fee of \$15 will be charged for all FOBs that are lost or misplaced.
- Damaged FOBs must be returned to Support Services. There is no charge for replacement.
- Each individual applicant is responsible for their FOB.
- FOBs are non-transferrable.
- FOBs permit each individual with only one entry and exit. It is not permitted to provide entry or exit to another person.
- 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, Property Services, Materials Mgmt. and Laundry.
- I understand that use of this FOB may result in electronic record keeping.
- By signing below, I confirm that I have received one FOB and that I will comply with all terms and conditions.
- Question/Comments: Concetta Santoro: 613.523.7171 ext. 2520 (csantoro@perleyhealth.ca)

Signature : _____

Date: _____

Received by: _____

Date: _____

Approved by: _____

Date: _____

Issued by: _____

Date: _____

Date Surrendered: _____

Reason: _____

Received by: _____

Cash ☐

Debit ☐

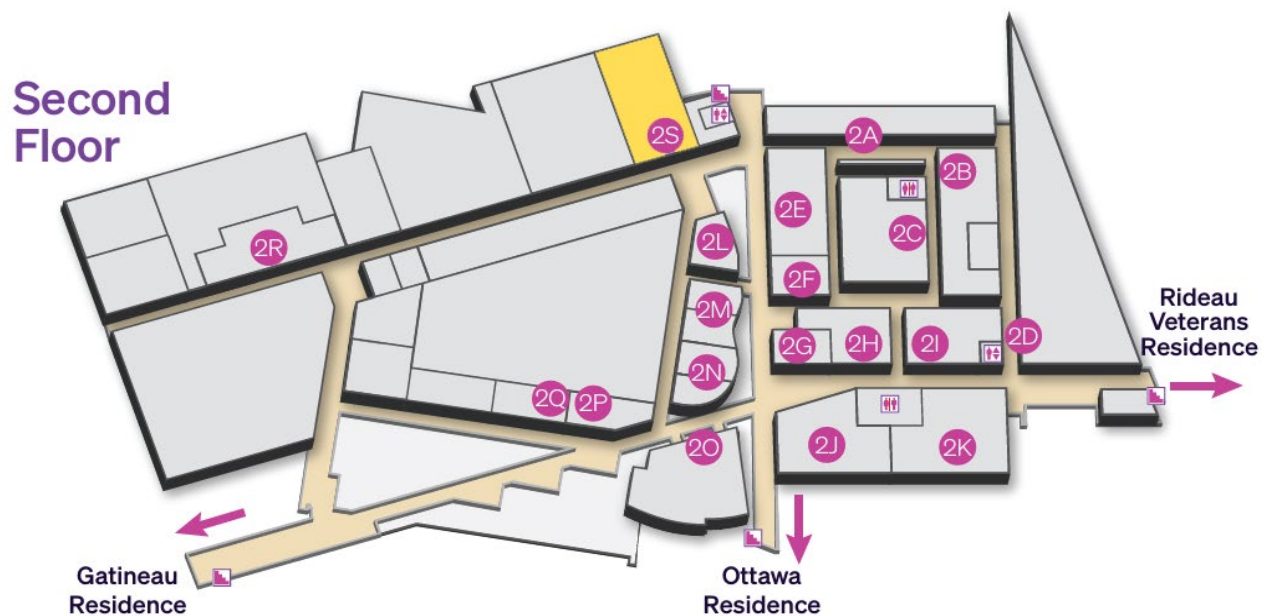
Credit ☐

For Office Use Only

Support Services Dept. Hours:

The Support Services office is open 8 am to 3:45 pm, Monday through Friday.
The office is closed for lunch daily from Noon to 1 pm.

- Please return this signed and completed form to the Support Services.
- 2S (Support Services) on map: PerleyHealth.ca/map



- Question/Comments:
Concetta Santoro: 613.523.7171 x 2520 (csantoro@perleyhealth.ca)