

To request access to the building for contractor work, deliveries, and when moving in and moving out, please complete this form, attach the Certificate of Insurance for your vendor, have an authorized person sign it and return to the Office of the Building at least 2 business days prior to the date and time of access. Your move should be scheduled using the Freight elevator lock down hours listed below and must comply with the Building Moving/Delivery Policy. **Requests are not approved until confirmed by the Office of the Building.**

Freight Elevator Hours: **Monday to Friday 8:30 AM to 12 PM & 1PM to 4:30 PM**

**Saturday 10 AM to 5:00 PM - Sunday requires Management office approval**

Tenant Name:		Tenant Suite(s):
Phone & Email:		Date Submitted:
<b>INSURED PERSONNEL</b> (vendor, contractor, delivery personnel information). All areas must be filled in.		
Contractor / Vendor Business Name:		Phone #:
Contractor / Vendor Contact Person:		Email:
Access Date(s) and Time(s) Requested:	From:	To:
Freight Elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Loading Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Freight Elevator - Time frame in use:	Loading Zone - Time frame in use:	
Key Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No Provided by: <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	
Certificate of Insurance submitted to Management Office:	<input type="checkbox"/> Yes <input type="checkbox"/> No, I have confirmed with the Management Office it's on file. <i>Each sub-contractor must also have a current Certificate of Insurance</i>	
Work to be performed (check appropriate box and provide brief description):	<input type="checkbox"/> Moving <input type="checkbox"/> Delivery <input type="checkbox"/> Cabling <input type="checkbox"/> Other ( <b>Please Describe</b> )	
SUB CONTRACTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Job List (if multiple sub-contractors, attach list of contact for each)	
Sub-Contractor Name:		Phone #:
Sub-Contractor Contact Person:		Email:

Tenant has reviewed and agrees to the Building Access Policy. Tenant understands that it is responsible for any damage to the Building or any other person or property and has provided **Contractor/Sub-Contractors with Contractor Rules & Regulations.**

Tenant Authorized Person:	Signature:	
	Type/print name & title:	

### FOR BUILDING MANAGEMENT OFFICE USE ONLY

COI Expiration Date:	Signed Contractor's Rules and Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Escort? <input type="checkbox"/> Yes <input type="checkbox"/> No	After Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disable Smoke Detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parking Validation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Engineer Escort? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Additional Notes:</b>			
Printed Name & Signature of Approver:			