

TOWN CENTER

Building Access Form for Contractors

The purpose of this form is to provide the Property Management Office and Security Desk with information related to work being performed on your behalf. Please fill out this form and return to the Property Management Office.

TENANT INFORMATION

Tenant: _____ Contractor/Vendor: _____
Contact Name: _____ Contact Name: _____
Phone Number: _____ Phone Number: _____

SCOPE OF WORK

Date(s) of Access: _____ Start Time: _____
Floor Where Work will be Performed: _____ End Time: _____
Type of Work: Carpet Cleaning Furniture Move Painting Electrical Plumbing Other
Access to Common Telephone Closet Required? Y / N

Description of Work:

In tenant occupied areas where work is to be performed, any work that generates an odor, must be performed after business hours. Any noise-generating work must also be performed after hours.

LOADING DOCK AND SERVICE ELEVATOR

Is Use of the Loading Dock required? Y / N
Is Use of the Service Elevator (#1) required? Y / N
Hours the Service Elevator Is Needed: _____

CONTINENTAL USE ONLY

	YES	NO	N/A
Certificate of Insurance:	[]	[]	[]
Garage Parking Approved:	[]	[]	[]
Affected Tenants Notified:	[]	[]	[]

Property Management Approval: _____