

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 48 hours prior to the date and time of access date. Your move should be scheduled outside of normal business hours and must comply with the Building Moving/Delivery Policy. **Requests are not approved until confirmed by building management.**

Tenant Name:		Suite:	
Phone & Email:		Date Submitted:	
INSURED PERSONNEL (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
Key Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provided By:	<input type="checkbox"/> Tenant <input type="checkbox"/> Landlord
Certificate of Insurance:	<input type="checkbox"/> Yes (attached) <input type="checkbox"/> No, I have confirmed with the Management Office it's on file.		
Work to be performed (check appropriate box and describe):	<input type="checkbox"/> Moving <input type="checkbox"/> Delivery <input type="checkbox"/> Cabling <input type="checkbox"/> Other		
SUB-CONTRACTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Each sub-contractor must also have a current Certificate of Insurance. <input type="checkbox"/> Job List		
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	Construction After Hours Indoor Air Quality <input type="checkbox"/> Ventilation <input type="checkbox"/> Filtration	Engineer Escort? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Notes:			
Printed Name & Signature of Approver:			