



ACCESS REQUEST FORM

To schedule any vendor access, please submit this form three (3) business days prior to the requested service. You will be sent an approval e-mail or request for further information. **Please note, if an engineer is scheduled for your request, a 72 hour cancellation is required to avoid being billed a four (4) hour minimum.*

Tenant: _____ Suite: _____

Tenant Contact: _____ Phone: _____ Email: _____

Description of Work: _____

ACCESS TYPE: (Check all that apply)

- Delivery/Pickup Loading Dock/Freight Elevator Access: (20 min max 6am – 6pm M-F)
 Repair/Maintenance Service Construction/Improvement Teledata/MPOE (IMG must pre-approve)

Vendor Name(s): _____

On Site Vendor Contact Name: _____ Cell Phone: _____

Date(s) of Work: _____ Start Time: _____ End Time: _____

ENGINEERING ASSISTANCE:

The following activities require engineering oversight of the Life Safety System. Please check if your work includes:

- Drilling Painting with Sprayer Odorous Work
 Demolition Work Sprinkler Work/Drain Disable Life Safety System
 Other _____

Current cost of engineering labor is \$110 per hour. All requests are subject to rejection based on engineer availability. Assistance will be billed to Tenant per the terms of the Lease Agreement and the Local 39 Stationary Engineers Union. By signing below, Tenant accepts terms for required Engineering Assistance.

Authorized Tenant Signature: _____ Date Submitted: _____

FOR OFFICE USE ONLY

Engineer to be present	Y <input type="checkbox"/>	N <input type="checkbox"/>
Appropriate COI on file	Y <input type="checkbox"/>	N <input type="checkbox"/>