

## **CONTRACTOR ACCESS PASS**

NOTE: AN I.D. IS REQUIRED TO GRANT ACCESS TO ALL SECURED AREAS, AND WILL BE RETAINED BY SECURITY WHILE ON-SITE. PASSES MUST BE SUBMITTED FOR BUILDING MANAGEMENT APPROVAL WITH AT LEAST 24 HRS NOTICE PRIOR TO THE DATE OF WORK.

DATE OF WORK:	HOURS OF ACC	ESS:		
CONTRACTOR/COMPANY:	I			
CONTACT PERSON:	CONTACT NUM	CONTACT NUMBER:		
ACCESS TO:				
TENANT:	SUITE:	CONTACT NUMBER:		
AUTHORIZED CONTACT PERSON:	AUTHORIZED S	AUTHORIZED SIGNATURE*:		
ACTIVITY:				

\*Authorized Signature required and must match signature on file

## **BUILDING MANAGEMENT USE ONLY**

SPRINKLER AND FIRE	CALARM SHUT OFF	(SECURITY ACT	TIVITIES):	
DISABLE FIRE ALARM SYSTEM?	YES:		NO:	
FIRE ZONE:				
DATES:	TIME:			
TURN OFF MAIN CITY FEED ON MERCHANT STREET?		YES:	NO:	
ISOLATE AND TURN-OFF AFFECTED FLOOR VALVE(S)?		YES:	NO:	
BUILDING MANAGEMENT APPROVAL: (REQUIRED)			DATE:	