

ENERGY CENTER II SECURITY CLEARANCE FORM

Contractor: _____

Date: _____

Contact Phone Number/Pager/Cellular: _____

Contractor Employees/Subcontractor: _____

Location of Work:

SUITE	DATE	**TIME** START	END	**FREIGHT HOURS** START	END
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Freight hours 7-6 M-F, Security needs to be scheduled outside of these hours

Description of Work: _____

Special Access Requirements: _____

CHECK LIST

- ___ Access to Suite
- ___ Access to Mechanical Room
- ___ Access to Electrical Room
- ___ Access to Freight Elevator
- ___ Access to Loading Dock
- ___ Dumpster/Trailer in Loading Dock Area
- ___ Security for Freight/Loading Dock
- ___ Other _____

Approval: _____

Date: _____

