

**2000 Bering Drive
BUILDING ACCESS
AUTHORIZATION FORM**

Please make sure that all information is filled out correctly and sent to the Office of the Building.

Customer Name: _____ **Suite:** _____

Contractor Name: _____ **Daytime Phone:** _____

Cell Number: _____

Superintendent: _____ **Daytime Phone:** _____

Cell Number: _____

Contractor and/or Subcontractor(s) Needing Access	Date(s) of Access		Floor/ Suite #	Time Period of Access		Brief Description of Work
	Start	End		Start	End	

If access to occupied Customer space is necessary, please present evidence from Customer on their letterhead authorizing access along with this form **NO LESS THAN 48 HOURS IN ADVANCE**.

Anyone entering the building will be required to show the security officer a photo identification card and Company ID. Please indicate the Supervisor who will be in charge and if at all possible the name of the construction workers who will be working in your space. If specific names are not known then please list the number of workmen per trade (*use additional sheet of paper if necessary*):

(Supervisor)

*Customer Representative Signature

Date

*Must be signed by an officer of the company with the ability to authorize the work performed and access into the suite.

Note: All access notices must be received by The Office of the Building 24 hours in advance unless otherwise noted above.