

BANK OF AMERICA PLAZA

ACCESS REQUEST FORM

Brookfield
Properties

All access forms *must* be submitted 24 - 48 business hours prior to scheduled work.

Tenant Name: _____

Tenant Floor: _____

Tenant Suite: _____

Requested By: _____

Vendor Information

*Certificate of insurance is required. For insurance requirements please contact the Office of the Building.

Vendor Name: _____

Vendor Contact Person: _____

Date (s) Access Required: _____

Time Access Required: _____

Describe the scope of work:

Special Requirements:

Freight Elevator Reservation
Mon - Fri 7p - 6a, anytime weekends & Holidays
Cost: \$65.00 per hour (4) hour minimim

Loading Dock Reservation

Yes Start Time: _____

Yes Start Time: _____

No End Time: _____

No End Time: _____

Office of the Building Use Only

Building Management Approval: _____

Print Name

Insurance Received