

BANK OF AMERICA PLAZA at 333 S. HOPE STREET

TELEPHONE ROOM ACCESS REQUEST

CLIENT: _____

SUITE/FLOOR: _____

CLIENT CONTACT: _____

TELEPHONE #: _____

DATE OF ACCESS REQUEST: ____ / ____ / ____

TIME: BEGIN: _____ AM / PM
(CIRCLE ONE)

END: _____ AM / PM
(CIRCLE ONE)

VENDOR NAME: _____

VENDOR CONTACT NAME: _____

ACCESS LOCATION:

- North Telephone Room
- South Telephone Room
- Main Telephone Room ("D" Level)
- Other -- Specify Below

REASON FOR ACCESS/DESCRIPTION OF WORK: _____

CLIENT AUTHORIZATION: _____ (PRINT NAME)	_____ DATE
BUILDING MANAGEMENT AUTHORIZATION: _____ (PRINT NAME)	_____ DATE

DO NOT WRITE BELOW: THIS SECTION TO BE COMPLETED BY SECURITY

 INSURANCE ON FILE: YES / N/A
(CIRCLE ONE)

COMPANY OR CALIFORNIA IDENTIFICATION: _____
(Required)

ACCESS TIME: _____

DEPARTURE TIME: _____