

TENANT NAME: _____

Primary Contact: _____ Mobile Number: (____) _____
(Must be reachable during access period)

ACCESS REQUEST FOR: _____ Vendor Contractor Employee
(List Name Here)

Access Location: Building: _____ Suite/Floor: _____
Date(s): _____ Start Time: _____ End Time: _____

Activity (provide a brief description of the activity or the work being performed for temporary access):

Is the Freight Elevator Needed: Yes No

Is Dock Access Needed: Yes No (If yes, complete vehicle information below)

Vehicle Type:	Vehicle Height:	Vehicle Length:	Will vehicle exceed maximum 30-minute unload/load policy?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT: MAXIMUM VEHICLE DOCK CLEARANCE IS 12'9" HIGH AND 26' LONG (total vehicle length). All vehicles entering the dock are subject to search and must not be any larger than the max dimensions listed above. Access will not be granted to any vehicles/vendors that have not been previously approved by building management and/or those that are found to exceed max dimensions. Access is on a first-come, first-served basis and all deliveries must adhere to the 30-minute max unloading/loading policy. Any delivery that will require more than 30 minutes requires prior building management approval.

GENERAL CONTRACTORS:

Will the above activity require the Fire Alarm System to be off-line? Yes No

▪ If yes, confirm the following: Date: _____ Start Time: _____ End Time: _____

CERTIFICATE OF INSURANCE (COI):

It is the responsibility of the Tenant/Contractor to ensure that the management office has a current and complete COI on file for the above Vendor/Contractor prior to access and work being performed.

▪ Is a COI on file with the management office for vendor/contractor listed above? Yes No
○ If no, contact the management office for Coverage Limits, Certificate Holder and Additional Insured requirements.

Print Name (person submitting request) Company Signature Date

RETURN THIS FORM **24 HOURS PRIOR TO ACCESS:** Email To: Jodi.conley@brookfieldproperties.com
IF YOU HAVE QUESTIONS ABOUT THIS FORM OR BUILDING ACCESS, PLEASE CALL 303-295-6200.

For Internal Use Below This Line

Administrative Assistant has verified the details above, the COI and has notified engineering as required? _____ (Initial)

Property Manager / Assistant Property Manager Approval: _____ (Initial) _____ (Date)