



THE SUMMIT AT LANTANA
AFTER HOURS SECURITY CLEARANCE / WORK REQUEST FORM

Tenant Name: _____ **Bldg. #** _____

Tenant Contact: _____ **After Hours**

Vendor Requiring Access: _____ **Phone:** _____

Vendor Contact: _____ **After Hours**

Vendor Contact: _____ **Phone:** _____

Specific Work to be Performed: _____

(Move In / Move Out / Delivery / Pick-up / Carpet Cleaning / Construction, etc.)

Additional Comments: _____

ACCESS DATES & TIMES / LOCATION OF WORK / CLEARANCE AREA

DAY	DATE(S)	TIMES	FLOOR / ROOM	MECH/ELEC/PHONE ROOM(S)
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				

I understand that a current vendor insurance certificate (*meeting building requirements*) must be on file with Campus Management Office before work can begin and that access to mechanical, electrical and telephone rooms must be approved by the Management Office in advance.

Tenant's Authorizing Signature: _____

NOTE: This clearance form must be emailed or hand delivered to the Campus Management Office prior to 3:00 p.m. on the day of the request for access. Management reserves the right to deny access to any individual/company for failure to meet this deadline or provide adequate insurance coverage. Tenant's vendors are not authorized to approve this form.

PROPERTY MANAGEMENT USE ONLY

Vendor Insurance on File: Yes: _____ No: _____ **Mgr. Approval:** _____