PARMENTER

CITYPLACE TOWER

SECURITY CLEARANCE REQUEST

REQUESTOR: (TENANT COMPANY NAME): _____

VENDOR COMPANY NAME (INSURED): _____

ACCESS DATE(S): _____

VENDOR CONTACT NAME: _____

VENDOR CONTACT CELL NUMBER: _____

ACCESS AREA / SUITE NO.: _____

INSURANCE EXPIRATION DATE: _____ (Parmenter use only)

ACCESS TIMES: **TIME IN:** _____ **TIME OUT:** _____

DESCRIPTION OF WORK: _____

_____

_____

_____

_____

SPECIAL INSTRUCTIONS:
(Please specify any areas where special access is requested, i.e. electrical closets, separate suites, etc.)

_____

SPECIAL REQUIREMENTS:

LIGHTS ON:	Y	N	A/C ON (OTHVAC CHARGES APPLY):	Y	N

_____ _____

MANAGEMENT AUTHORIZATION DATE PRINT TENANT APPROVER'S NAME DATE

_____

TENANT APPROVER'S SIGNATURE

Please submit Security Clearance Requests to Cityplace@Parmco.com by 3 p.m.
Two (2) business days prior to the need for clearance.
Tenant must provide vendor COI if not on file or valid.