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.**