

DENVER CITY CENTER

BUILDING & DOCK ACCESS REQUEST FORM Temporary Access Permit Only

TENANT NAME:				
Primary Contact:		Mobile Number: ()		
	(Must be reachable during a	ccess period)		
Access Request for:			dor Contractor Employee	
Access Location:	(List Name Her			
Access Location.	Date(s):	Start Time:	End Time:	
Activity (provide a brief a	description of the activity or the wo	ork being performed for temporary (access):	
Is the Freight Elevator N Is Dock Access Needed:		f yes, complete vehicle information	·	
Vehicle Type:	Vehicle Height:	Vehicle Length:	Will vehicle exceed maximum 30-minute unload/load policy?	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
dimensions. Access is on a Any delivery that will required GENERAL CONTRACTORS: Will the above activity reflection of the second of the secon	first-come, first-served basis and a ire more than 30 minutes requires equire the Fire Alarm System to he following: Date: (COI): the Tenant/Contractor to ensured and or/Contractor prior to access with the management office for	all deliveries must adhere to the 30- s prior building management appro- b be off-line?	Time:has a current and complete COI	
Print Name (person submitted	ing request) Company	Signature	Date	
RETURN THIS FORM <u>24 HO</u> I		ANAGEMENT OFFICE AT 70717^{TH} Street, RM OR BUILDING ACCESS, PLEASE CALL 303		
	For Inter	rnal Use Below This Line		
SRS Management Office T	SA has verified the details above, t	he COI and has notified engineering	g as required?(Initial)	
General Manager / Assista	int Property Manager Approval: _	(Initial)	_ (Date)	