## THE TOWERS AT WILLIAMS SQUARE SECURITY CLEARANCE / SPECIAL ACCESS FORM

TENANT COMPANY NAME:			Suite# & Tower:	
TENANT CONTACT NAME:			AFTER HOURS PHONE:	
VENDOR / CO				
			AFTER HOURS PHONE:	
SPECIFIC WO	ORK TO BE PERFORMEI	):		
		(MOVE IN / MOVE O	DUT / DELIVERY / PICK-UP / CARPET CLEAN	NING / CONSTRUCTION, ETC.)
ADDITIONAL	COMMENTS:			
ACCESS	DATES & TIME	S / LOCATION C	OF WORK / CLEARANCE A	AREA
DAY	DATE (s)	TIMES	FLOOR (s) & TOWER (s)	MECH/ELEC/PHONE ROOM (s)
MON.				
TUES.				
WED.				
THUR.				
FRI.				
SAT.				
SUN.				
Square Manathe Managen	agement Office before nent Office in advance.	work can begin and ac	meeting building requirements) must b cess to mechanical, electrical & teleph	
NOTE: This c of the request f insurance cove not authorized the Management	learance form must be faxe for access. Management re rage. No alternate form is to approve this form. <i>Com</i> <i>nt Office</i> .	ed to 972/869-4820 or hand serves the right to deny acc permitted and Tenant must splete after hours building r	delivered to the Williams Square Managemetess to any individual/company for failure to approve this form, in writing, before clearar rules and optimal after hours scheduling recommendations.	meet this deadline or provide adequate ace is authorized. Tenant's vendors are
Vendor Insu	rance on File: Y	TES NO	Manager Approval	
Special Instr	uctions:			