THE TOWERS AT WILLIAMS SQUARE
SECURITY CLEARANCE / SPECIAL ACCESS FORM

TENANT NAME:	**SUITE & TOWER:**
TENANT CONTACT NAME:	**AFTER HOURS PHONE:**
VENDOR /COMPANY REQUIRING ACCESS:	
VENDOR CONTACT NAME:	**AFTER HOURS PHONE:**
SPECIFIC WORK TO BE PERFORMED: (Example: CATERING DELIVERIES/ MOVE IN / MOVE OUT / PICK-UP / CONSTRUCTION.)	
ADDITIONAL COMMENTS:	

ACCESS DATES & TIMES / LOCATION OF WORK / CLEARANCE AREA

DAY	DATES	TIME	FLOORS & TOWERS	MECH/ELEC/PHONE ROOMS
MON.				
TUES.				
WED.				
THUR.				
FRI.				
SAT.				
SUN.				

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

Access needed into another Tenant's Suite: No __ Yes __ Suite #_____

If yes, the General Contractor must return this form personally, to the Security Director located in the Central Tower Basement B-100, 2 days prior to any scheduled work. This is to ensure access into requested suite.

Tenant authorizing entry into suite _____ Security presence required: No __ Yes __

Tenant Authorizing Signature: _____

NOTE: This clearance form must be e-mailed to **wsquare@vanderbiltop.com** or hand delivered to the Williams Square Management Office by 2:00 p.m. at least one (1) business day before the access date(s) being requested. Management reserves the right to deny access to any individual/company for failure to meet this deadline or provide adequate insurance coverage. No alternate form is permitted, and Tenant must approve this form, in writing, before clearance is authorized. Tenant vendors are not authorized to approve this form. *Complete after-hours building rules and optimal after hours scheduling recommendations may be obtained from the Management Office.*

PROPERTY MANAGEMENT USE ONLY

Vendor Insurance on File: YES _____ NO _____ Manager Approval _____

Special Instructions: _____