



After Hours Access Form

Seventeenth Street Plaza

Date of Access: _____

Valid Through: _____

Access Time: _____

Authorization is requested by: (Include Tel #) _____

Company Name: _____

Suite Number/Floor (s): _____

To perform the following work on building premises:

Authorized and Issued by:

Print: _____

Signature: _____

Date: _____

- 1. AUTHORIZED PERSONNEL GAVE COPY TO SECURITY DESK
- 2. ORIGINAL COPY TO BE LOGGED IN ACCESS BINDER
- 3. COPY TO TENANTS IF APPLICABLE