***One Cleveland Center***
***1375 East 9th Street***
***Cleveland, Ohio 44114***
***(216) 781-8980 Phone***
***(216) 781-2823 Fax***

**Today's Date:**_____

# AFTER HOURS ACCESS REQUEST

Date of Access Request: _____

Time of Arrival: _____A.M. / P.M. (Circle One)_____

Floor or Suite Number of Job Site: _____

Name of Client/Tenant doing work for: _____

Name of Company Requesting Access: _____

Name of Person Making Request: _____

Signature of Person Making Request: _____

Phone Number of Person Making Request: _____

Cell Phone/Pager Number
of Person Making Request: _____

Please List Names of All Guests (**REQUIRED**): _____

_____

_____

_____

Will Freight Elevator be Used? YES / NO (Circle One)

If YES for freight elevator, please fill out a freight elevator request form.

---

(For Management use only)

Approved by:_____ Date: _____

Comments:_____

_____

_____

DISTRIBUTION TO: MANAGEMENT
SECURITY
ENGINEERING