

**ONE TIME SECURITY CLEARANCE REQUEST**



Vendor / Contractor Company Name: \_\_\_\_\_

Vendor / Contractor Contact Name: \_\_\_\_\_

Vendor / Contractor Contact Cell Number: \_\_\_\_\_

Access Date: \_\_\_\_\_

Tenant Name / Suite Number / Access Areas: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Description of Work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
Please specify any areas where special access is requested, i.e. electrical closets, separate suites, etc.

**SPECIAL REQUIREMENTS:**

Lights:            Y          N                                  HVAC (Billable):    Y          N                                  Hot Works: Y          N

Note: If Hot Works are being requested, a Hot Works Form must be filled out by the Vendor and signed by the Property Manager or Chief Engineer and attached to this form before the work can commence.

Insurance Expiration Date (OFFICE USE ONLY) \_\_\_\_\_ Tenant Authorization \_\_\_\_\_ Date

Management Authorization \_\_\_\_\_ Date \_\_\_\_\_ Tenant Name \_\_\_\_\_

**Security clearance requests should be submitted to [clearance@777main.com](mailto:clearance@777main.com) by 3 p.m. two business days prior to the need for clearance.**