E E S P L A N A D E

The Esplanade Security Access Authorization

Tenant Name:			
Tower:	Suite #:		
Company / Individ	ual Requiring Access:		
*Companies	must have a current Certifica	te of Insurance on file in t	he management office
Purpose of Access	:		
Entry Date:	Entry Time:	Exit Date:	Exit Time:
Please list the mat	erials / supplies being do	elivered and / or rem	oved:
	men, contractors, etc. w		s limited to the building only. ess to tenant suites unless a
Acknowledged by:			
Printed name & tit	le:		
named company / hereby releases Es	individual to be granted	I access to tenant's surom all responsibility	ESENT: Tenant desires the above lite in tenant's absence. Tenant for any loss, damaged, or
Authorized by:			
Printed name & tit	le:		
For Building Mana	gement Only:		
Authorized by:		Date:	

E E S P L A N A D E

List of Subcontractors Requiring Access