



# CONTINENTAL TOWERS

## CONTRACTOR ACCESS AUTHORIZATION REQUEST

This request must be completed prior to the commencement of any work being performed at Continental Towers.  Rolling Meadows. Please complete the information requested below for the upcoming week and fax to Property Manager at 847/640-7915 no later that 2 P.M. on Friday of the preceding week.

Access for the Week of: \_\_\_\_\_

Work Location / Floor No.: \_\_\_\_\_

### **CONSTRUCTION COMPANY INFORMATION:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

24-Hour Emergency #: \_\_\_\_\_

On-Site Supervisor Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

The following representatives / subcontractors are scheduled to work as follows:

Note the Following:

\_\_\_ Services of the building engineer will be required on the following dates/times:

\_\_\_\_\_

\_\_\_ Noise of odor potential is anticipated on the following dates/times require 48-hour advance notice)

\_\_\_\_\_

\_\_\_ Freight elevator usage is anticipated on the following dates/times:

\_\_\_\_\_

\_\_\_ Dumpster delivery / pick up / exchange approximate dates/times

\_\_\_\_\_

### **(For Management Use Only)**

Copy to: \_\_\_ Asst. Property Mgr \_\_\_ Security \_\_\_ Engineering \_\_\_ Reception