



# BUILDING ACCESS REQUEST FORM

Return **via email** to [jessica.johnson@hines.com](mailto:jessica.johnson@hines.com)

**\*\*\*Required for all Deliveries, Vendors and Contractors Access to Carillon\*\*\***

**Please submit forms 24 hours in advance of access request.**

Forms submitted with less than 24 hour notice should be followed up with a phone call.

Please contact the Management Office at 704.714.1100 with any questions.

Tenant	Tenant Contact	Delivery/Work
Name:	Name:	Date:
Suite #:	Phone #:	Time:
Contractor Name:	Contractor Contact	Areas Affected:
Name:	Name:	Suite/Floors #:
	Phone #:	

**VENDOR/CONTRACTOR PARKING:** The Loading Dock is limited to 30 minute parking for deliveries and pick ups

**Scope of Work Being Done:**

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**Special Requests:**

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**Submitted By:** \_\_\_\_\_

(Authorized Tenant Signature)

**Date:** \_\_\_\_\_

The below is to be completed by Building Management.

Certificate of Insurance on File YES      NO	Security Assistance Required: YES      NO	Engineering Assistance Required: YES      NO
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**Approved By:** \_\_\_\_\_

(Authorized Building Management Signature)

**Notes From Management** \_\_\_\_\_