

HINES WARNER CENTER

**VENDOR / CONTRACTOR
WORK AUTHORIZATION FORM**

TENANT NAME CONTACT PERSON TELEPHONE

BUILDING ADDRESS FLOOR NUMBER SUITE NUMBER

Tenant requests access for below listed vendor/contractor to tenant's premises as follows:

VENDOR / CONTRACTOR NAME CONTACT PERSON TELEPHONE

DATE(S) OF WORK DAY OF THE WEEK START TIME FINISH TIME

DESCRIPTION OF THE WORK TO BE PERFORMED

Special requirements / instructions:

IS ANY SPECIAL EQUIPMENT BEING USED? YES NO	IS WALL / FLOOR PROTECTION NEEDED? YES NO
LOADING DOCK ACCESS; FREIGHT ELEVATOR ACCESS; TRUCK SIZE AND ACCESS; PARKING REQUIREMENTS; ETC:	
PALLET JACKS ARE NEVER ALLOWED IN ANY BUILDING	
(1) Vendor access is subject to final approval by the Office of the Building, contingent upon freight elevator availability and receipt of the appropriate insurance documents. Vendor must meet the Building's insurance requirements before access is allowed into the Building.	
(2) Forms must be faxed / hand delivered to the Office of the Building by 3:00pm, for work scheduled the same evening. For work scheduled over a holiday, forms must be submitted by 12:00 noon on the day preceding the holiday. Requests will not be honored after this time.	
(3) Please note that freight elevator and loading dock access during business hours must be shared with other vendors/contractors.	

Tenant Approval:

PRINT NAME AND TITLE AUTHORIZED SIGNATURE DATE

Office of the Building Approval:

PRINT NAME AND TITLE SIGNATURE DATE