



## CONTRACTOR ACCESS REQUEST FORM

To be completed by Tenant / Licensee

Date of Request: \_\_\_\_\_ Company Name : \_\_\_\_\_

Name of Person Requesting Works: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Reason for Works: \_\_\_\_\_

Repair to Existing Installation: Yes No

Alteration to Existing Equipment: Yes No ( Plan/Photos must be supplied )

Install New Equipment: Yes No ( Plan/Photos must be supplied )

Location of Equipment: \_\_\_\_\_

Plans Attached: Yes No

Description of Works: \_\_\_\_\_

Date / Durations of Works: \_\_\_\_\_

Room/Area to be Accessed ( eg: Control Room /Basement /Electrical Risers /Roof Top): \_\_\_\_\_

### To be signed by Tenant

I have read and understand the purpose of this form and confirm that we require these works as part of our business. Further I am aware that they will be subject to reinstatement at the expiration of our agreement. I understand that this application may take at least 48 hours to approve and will factor this into our works program.

We hereby give permission for the above mentioned contractor / telecommunications company to work on our behalf. They will abide by our fit out / contractor handbooks.

Singed By: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

### To be completed and signed by Contractor on site

I \_\_\_\_\_ ( Please Print Clearly ) as principal contractor / sub contractor accept responsibility for all trade personnel acting on behalf of the company or myself. I state that I have attended a site induction for Contractor Requirements and warrant that all my staff are suitable licensed trade personnel. Further I have supplied the following:

- Roof Access Permit ( if applicable )

- Access will not be granted unless copies of insurances are attached

- Safe Working Method Statement

- All telecommunication carriers/sub contractors are required to attach a plan of the building profile showing the proposed cable runs

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By (HCM) : \_\_\_\_\_ Print Name: \_\_\_\_\_

Please scan and return this form via email to: [security@hledancentreproperty.com](mailto:security@hledancentreproperty.com)