

The Pinnacle Building

❖ PROPERTY ACCESS FORM ❖

Tenant: _____

Building: The Pinnacle Two Live Oak Suite Number: _____

Vendor Performing Work: _____

Vendor Contact Name: _____ Vendor Contact Phone #: _____

Date(s) work is to be performed: _____

ALL DAY From: _____ A.M. P.M. To: _____ A.M. P.M.

ALL MOVES or furniture deliveries must take place AFTER 6:00 P.M.

Work to be performed (be specific): _____

Please submit Vendor's Certificate of Insurance along with this form via email to jessica.drewer@transwestern.com or call Property Management at (404) 846-8291 to confirm it is already on file. Insurance Requirements are available online at www.ThePinnacleAndTwoLiveOak.com.

If COI is not attached, please indicate COI Expiration Date: _____

Will work affect the Fire Alarm System? Yes: _____ No: _____

Will any utilities need to be shut off? Electricity: _____ Water: _____

Access to Base Building areas? Telephone Room(s) Mechanical Room(s) Lobby

Additional Instructions: _____

IMPORTANT: This form authorizes Security to allow the contractor access to Base Building areas only. Security will not allow the contractor access to Tenant space, this is the Tenant's responsibility. Please turn form in by 3:00 p.m. on day in which after hours access is needed.

Tenant Approval: _____
(Print Name) (Signature)

FOR SECURITY USE:

Property Management Approval: _____

Checked in by Officer: _____

Vendor arrived at: _____ A.M. P.M. On Date: _____