



AFTER HOURS WORK REQUEST

Tenant: _____ Date of Request: _____

Contractor Performing Work: _____

Contractor Contact Name and Phone Number: _____

Date(s) Work is to be Performed: _____

Approximate Time: From: _____ AM PM To: _____ AM PM

Work to be performed (be specific): _____

Current Certificate of Insurance on File? Yes _____ No* _____ Expiration Date: _____

* Must be approved by Property Manager

Will Work Affect the Fire Alarm System? Yes _____ No _____

What Utilities Will Need to be Shut Off? Electricity: _____ Water: _____

Contractor Will Need Access to the Following Base Building Areas (specify floors):

_____ Telephone Room(s) _____ Mechanical Room(s) _____ Electrical Room(s)

Additional Requirements: _____

Tenant Approval: _____
Print Name Signature

Transwestern Commercial Services Approval: _____

NOTE: This form authorizes Walden Security to allow Contractor access to Base Building areas only. Walden Security will not provide Contractor access into Tenant space; this is the Tenant Representative's responsibility.

Please complete and return to: Transwestern Commercial Services