

# LINCOLN CENTRE

## TENANT

### SECURITY CLEARANCE/ SPECIAL ACCESS

Forms must be submitted to the Cousins Properties Management Office at least **24 to 48 HRS** before activity.

Tenant is responsible for confirming receipt of *correct vendor insurance* with management office prior to scheduling activity.

The Freight elevator is first come first serve and is NOT available from 11PM to 12AM.

TENANT	VENDOR
COMPANY NAME:	COMPANY NAME:
BLDG / SUITE:	CONTACT NAME:
CONTACT NAME:	OFFICE NUMBER:
DAYTIME NUMBER:	CELL NUMBER:
AFTER-HOURS NUMBER:	FREIGHT ELEVATOR NEEDED? YES / NO

**DESCRIPTION OF ACTIVITY:**

---



---



---

	DATE(S)	TIME IN	TIME OUT	DESCRIPTION OF ACTIVITY	ELEC / PHONE ROOMS NEEDED
MON					
TUES					
WED					
THURS					
FRI					
SAT					
SUN					

**TENANT CONTACTS**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*FOR COUSINS PROPERTIES MANAGEMENT ONLY*						
Tenant Certificate of Insurance Correct?	Yes:		No:		Comments	
Vendor Certificate of Insurance Correct?	Yes:		No:		Comments:	
Placed in Building Access Calendar?	Yes:		No:		Comments:	
PROPERTY MANAGERS APPROVAL:					DATE:	