



Parking and Building Access Request

Submit 5 days in advance to CapU Liaison for approval

Project Name:	Start Date:
CapU Liaison:	Office/Cell:
Contractor Name:	Office:
Site Supervisor:	Cell:

Access Requests:

Notes:

- Requests for access should reflect the areas required for the work being performed (list room numbers)
- The CapU Liaison will determine method of access to be provided and forward to Security
- All contractor keys must be signed out from Security**
- All contractor employees working at CapU campuses required company ID
- Roof access will only be provided upon receipt of a **Roof Access Form**
- Parking will only be provided for individuals listed on the request

PLEASE CONTACT THE CAPU LIAISON FOR ADDITIONAL INFORMATION

Parking

Name	License Plate Number	Make/Model

Required Access

Building	Room Numbers	Name

Authorization & Confirmation of Requests

Date(s) Required:	Start Time:	End Time:
Contractor Signature & Date	CapU Liaison Signature & Date	