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Today's Date: _____

**ACCESS & FREIGHT REQUEST FORM
TENANT CONTRACTORS, VENDORS AND VISITORS**

**** Please note: All access to Tenant Space is to be Provided by the Tenant. ****

Date of Access Request: _____

Arrival Time: _____ AM PM Departure Time: _____ AM PM

Purpose of Request: _____

Tenant Name: _____ Suite Number: _____

Authorized Tenant Contact: _____

Authorized Tenant Contact Cell #: _____

Company Name Requesting Access: _____

Company On-Site Representative: _____

Company On-Site Representative Cell #: _____

Names of All Individuals Requesting Access (REQUIRED): _____

Was a Certificate of Insurance for this Company Provided to Management? **YES** **NO**

Will the Freight Elevator be used? **YES** **NO**

**** Fill out the information below if the Freight Elevator will be used ****

Start Time: _____ AM PM Completion Time: _____ AM PM

(For Management use only)

Approved by: _____ Date: _____

Comments: _____

DISTRIBUTION TO: MANAGEMENT / SECURITY / ENGINEERING