

WESTIN BUILDING TELECOM FACILITIES
TEMPORARY CAGE/CABINET ACCESS REQUEST FORM

COMPANY NAME	_____	DATE	_____
SUITE NUMBER	_____	PHONE	_____

PLEASE PROVIDE ACCESS TO SUITE _____, CAGE _____ OR CABINET _____,
FOR (NAME) _____ ON (DATE) ____ / ____ / ____
FROM (START TIME) _____ AM/PM TO (END TIME) _____ AM/PM

COMMENTS:

SIGNED: _____ PRINT NAME _____

MUST BE SIGNED BY ACCESS CONTROLLER LISTED ON TENANT INFORMATION FORM.
SIGNATURE AUTHORIZES BILLING AND ACKNOWLEDGES RESPONSIBILITY.
BILLING POLICY: \$25.00 FEE FOR ANY CARD NOT RETURNED WITHIN FIVE (5) DAYS OF EXPIRATION DATE.

**ACCESS CARD SHOULD BE RETURNED TO BUILDING MANAGEMENT OFFICE, SUITE 300.
IF AFTER-HOURS, RETURN CARD VIA AFTER-HOURS DROP BOX OUTSIDE SUITE 300 ENTRANCE.**

2001 SIXTH LLC USE ONLY	TENANT ID: _____	ISSUED BY: _____
	ACCESS CARD: _____	EXP. DATE _____
	DATE CARD RETURNED: _____	IF NOT RETURNED, CHARGE: _____
	AMOUNT INCLUDES SALES TAX CHARGE TYPE: FURNMSCT	

TEMPORARY ACCESS
CARD

RECEIVED BY: _____

PRINT NAME: _____ DATE: _____