



SECURITY & FREIGHT PASS REQUEST
(Double click in highlighted fields to fill out form)

City Center 33 South Sixth Street

Security Pass Loading Dock Freight Elevator

Day: _____ Date: _____ Time: _____
(Start/End Time)

Requested By: _____ Company: _____

Suite #: _____ Phone: _____ Fax: _____

Service/Company: _____ Contact Name & #: _____

Location of Work: _____

Description of Work: _____

INDEPENDENT ELEVATOR SERVICE REQUESTED:

TOWER FREIGHT ELEVATOR FROM: _____ TO: _____

RETAIL FREIGHT ELEVATOR FROM: _____ TO: _____

Please note large deliveries are only permitted between 6:00pm – 6:00am

VEHICLE(S) FOR DELIVERY ONLY: _____

VEHICLE(S) PARKING IN DOCK: 1 _____
(Only for large deliveries and when approved by RYAN)

RYAN Authorization: _____ Date: _____

Please call the Management Office with questions at (612) 372-1234
Return this form to: karla.nold@ryancompanies.com or
julie.musselman@ryancompanies.com or fax to (612) 372-1237

RYAN COMPANIES
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