

## **SECURITY & FREIGHT PASS REQUEST**

(Double click in highlighted fields to fill out form)

☐ City Center ☐ 33 South Sixth Street					
	□ Security	Pass	☐Loading Doc	k 🗆 F	reight Elevator
Day:	Da	ate:		Time	e: (Start/End Time)
Requested By:		_ C	Company:		
Suite #:	Phone:		Fax:		
Service/Company:			_ Contact Name	e & #:	
Location of Work:					
INDEPENDENT ELEV	ATOR SER	/ICE REQ	UESTED:		
□TOWER FRI ELEVATOR	EIGHT	FROM:	ТО	<u>:</u>	
□RETAIL FRE ELEVATOR	EIGHT	FROM: _		TO: _	
Pleas	e note large	deliveries	are only permit	ted betw	een 6:00pm – 6:00am
VEHICLE(S) FOR DEL	IVERY ONL	Y:			
VEHICLE(S) PARKING (Only for large deliverion	3 IN DOCK: es and when	approved	by CBRE)		
CBRE Authorization:					Date:

Please call the Management Office with questions at (612) 372-1234 Return this form to: <a href="mailto:karla.nold@cbre.com">karla.nold@cbre.com</a> or <a href="mailto:julie.musselman@cbre.com">julie.musselman@cbre.com</a> or fax to (612) 372-1237

## **CBRE**