

## UWG ACCESS CONTROL CONTRACTOR/VENDOR FORM

<b>PROJECT INFORMATION</b>			
PROJECT NAME			
PROJECT MANGER		DATE	

<b>CONTRACTOR INFORMATION</b>			
COMPANY			
CONTACT		PHONE	
ADDRESS		EMAIL	
KEY HOLDER		CELL #	
UWG ID #		BADGE REQUEST	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ACCESS DATES (MM/DD/YYYY)</b>			
START DATE		START AND END DATES FOR ACCESS ARE REQUIRED FOR THE LENGTH OF THE PROJECT	
END DATE			

<b>CARD / SAM / KEY ACCESS REQUEST</b>					
Please list the building(s), room(s), access days and times that will be required for the employee.					
BUILDING	ROOM	ACCESS DAY & TIMES	JUSTIFICATION (FOR RESTRICTED AREAS)	CREDENTIAL	VALUE

NOTES	
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BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND TO THE TERMS OF THE CONTRACTOR KEY ISSUE STATEMENT OF RESPONSIBILITY.

<b>SIGNATURES</b>			
PROJECT MANAGER / SUPERINTENDENT		DATE	
PCS DIRECTOR		DATE	
HOUSING DIRECTOR		DATE	
KEYHOLDER		DATE	

ACCESS CONTROL NOTES	
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