

BUILDING ACCESS REQUEST FORM

Access Request Date: _____

First Name: _____ Last Name: _____

Start Date: _____ End Date: _____

(assumed to be ongoing if end date is left blank)

Access Type:

- Standard building occupant access (24x7 access to all exterior doors)
- Standard building access (daytime access only)
- Standard access church volunteers
- Limited access as specified below:

Access Areas – Select all that apply: <input type="checkbox"/> Exterior Building Doors <input type="checkbox"/> Main Doors <input type="checkbox"/> East Door <input type="checkbox"/> West Door <input type="checkbox"/> Mail Room <input type="checkbox"/> Cell Phone Number _____	Access Hours – Select one option: <input type="checkbox"/> 24x7 <input type="checkbox"/> Daily 7:00 AM – 7:00 PM <input type="checkbox"/> Monday – Friday 7:00 AM – 7:00 PM <input type="checkbox"/> Other (including specific dates, if applicable): _____ _____
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Individuals without an Access Card will be issued a temp access card or temp access if cell phone number is provided. Temp cards must be returned at the end date above. Cards not returned on time will be considered lost.

REQUESTER SIGNATURE	DATE
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PASTOR APPROVAL:

PI/MANAGER SIGNATURE	DATE
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FOR OFFICE USE ONLY:

SPECIAL ACCESS CARD: # _____ **Bill to:** _____

CARD ACTIVATED BY:

ACTIVATION DATE:

CARD RETURNED TO:

RETURN DATE: