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| REQUESTOR INFORMATION |
| Requesting Department/Division: Reason for the Request: [ ] CID/Facilities Services Project [ ] FMD Project [ ] User Agency request

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| --- | --- |
| Project Name:  | Project No:  |
| Facility Name:  | Room No:  |
| [ ]  **Critical Facility** [ ] **CJI Facility** |
| Address:  |
| City:  | State:  | Zip Code:  |

Primary Contact and requestor for Projects:

|  |  |
| --- | --- |
| Name:  | Phone Number:  |
| Position:  | Signature:  |

Secondary Contact and requestor for Projects (if needed):

|  |  |
| --- | --- |
| Name:  | Phone Number:  |
| Position:  | Signature:  |

 |
| REQUESTED ACCESS |
| Provide project details for access request: |
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 |
| REQUESTED PROJECT SCHEDULE FOR APPROVAL |
| Requested Access Times: [ ] Normal Business Days/Hours [ ] After Hours [ ] Weekend [ ]  Holidays

|  |
| --- |
| Work Hours: |

 |
| REQUESTED CONTRACTOR PERSONNEL |
| Contractor Personnel List to be approved for entry is: |
| CONTRACTOR FIRM NAME |
| 1 |  | **5** |  |
| 2 |  | **6** |  |
| 3 |  | **7** |  |
| 4 |  | **8** |  |
| CONTRACTOR FIRM NAME |
| 1 |  | **5** |  |
| 2 |  | **6** |  |
| 3 |  | **7** |  |
| 4 |  | **8** |  |
| CONTRACTOR FIRM NAME |
| 1 |  | **5** |  |
| 2 |  | **6** |  |
| 3 |  | **7** |  |
| 4 |  | **8** |  |
| Use a separate piece of paper if necessary for additional contractors. |
| AUTHORIZED ACCESS PLAN |
| The authorized access plan is as described below: |
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| PBSO and Contracted security coordination to be done by ESS. Escort Requirements: [ ] Project Escort [ ] PBSO Escort [ ] PBSO K-9 [ ]  Access Escort |
| AUTHORIZED ACCESS PLAN |
| Access Plan Authorized By:

|  |
| --- |
| Print Name:  |
| Signature:  | Date:  |

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| Please send the completed form electronically to ESS via email FDO-ESS-Support@pbcgov.org |