|  |  |  |  |
| --- | --- | --- | --- |
| REQUESTOR INFORMATION | | | |
| Requesting Department/Division:  Reason for the Request: CID/Facilities Services Project FMD Project User Agency request   |  |  |  |  | | --- | --- | --- | --- | | 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: | | | |
| |  | | --- | |  | | | | |
| 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: | | | | |
| |  | | --- | |  | | | | | |
| 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: | | | | | |
| Please send the completed form electronically to ESS via email FDO-ESS-Support@pbcgov.org | | | | |