

**Contractor Access Request Form**  
**DES Owned or Managed Facilities - Complete All Fields**



Project Information & Location(s)	Project Name: _____	Contractor Co Name: _____										
	Project #: _____	Phone Number: _____										
	Work Order #: _____	Email Address: _____										
	Materials Need By: _____	<input type="checkbox"/> Background check has been completed and individuals approved										
	Project Completion Date: _____	<input type="checkbox"/> Approval obtained from applicable tenant access coordinator. Write name(s) of access coordinator below:										
Project Manager: _____												
Phone number(s): _____												
<b>Requested Area(s) of Access:</b>												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"><u>Location</u></th> <th><u>Door(s)</u></th> </tr> </thead> <tbody> <tr> <td>Select a location</td> <td>_____</td> </tr> <tr> <td>Select a location</td> <td>_____</td> </tr> <tr> <td>Select a location</td> <td>_____</td> </tr> <tr> <td>Select a location</td> <td>_____</td> </tr> </tbody> </table>			<u>Location</u>	<u>Door(s)</u>	Select a location	_____	Select a location	_____	Select a location	_____	Select a location	_____
<u>Location</u>	<u>Door(s)</u>											
Select a location	_____											
Select a location	_____											
Select a location	_____											
Select a location	_____											
<b>Pathway Requirement Description:</b>												
*field expands												
Agreement	Access Coordinator: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span><i>Print name</i></span> <span><i>Signature</i></span> <span><i>Date</i></span> </div>											
Access Badge	<b>If Requesting Access Badges:</b> Access Hours (Example: Mon-Fri 6AM – 6PM): _____ <hr/> Access Badge Start Date: _____      Access Badge Expiration Date: _____ <hr/>											
Key(s) / Badge(s)	<b>Key(s) / Badge(s) Issued</b>											
	* for CSVS office use only*											
	<u>Individual's Name</u>	<u>Keys</u>	<u>Badge #</u>	<u>Individual's Signature</u>	<u>Returned to CSVS</u>							
	_____	_____	_____	_____	<input type="checkbox"/>							
_____	_____	_____	_____	<input type="checkbox"/>								
_____	_____	_____	_____	<input type="checkbox"/>								

_____	_____	_____		<input type="checkbox"/>
_____	_____	_____		<input type="checkbox"/>
_____	_____	_____		<input type="checkbox"/>
_____	_____	_____		<input type="checkbox"/>
_____	_____	_____		<input type="checkbox"/>

**CSVS Verification**

All Issued Keys / Badges returned OR

Cost Recovery procedure initiated.

The following Keys / Badges have not been returned.

CSVS Rep: \_\_\_\_\_

*Print name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Additional Comments:**

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\*field expands

**\*LOST/UNRETURNED KEYS: CSVS will charge the applicable work order for any costs necessary/incurred to rekey facilities if/when lost/stolen/unreturned keys.**

*At any time, an audit of issued keys may be performed at the discretion of Capitol Security.*