

Temporary Access Request Annotated Guidelines

TEMPORARY ACCESS REQUEST

Please print and use only blue or black ink.

To be completed by **Applicant**

Last Name (print)
Badge Number
Employer Name

This form is required when requesting short-term, temporary access changes for one ID Media holder. The application should be filled out as a PDF or, if handwritten, in blue or black ink only. Each green section of the application must be completed unless otherwise stated. Illegible and/or incomplete requests will not be accepted. The Access Control Request Form can be submitted by any ID Media holder but must be signed by an Authorized Signatory and Master Tenant Authorized Signatory, if applicable.

Access Level

To be completed by **Applicant and Signatory**

Check one of the following (For access to AOA leaseholds, contact the Master Tenant)

Company Access Template Access listed below only

Access Point Request (List the Access the Point Name. Access point names can be found on the top of card readers)

1.	5.
2.	6.
3.	7.
4.	8.

All access points have a door label affixed to the top of the access control reader. If there is not a door name or number placard, the access point may not be managed by LGB. Contact the Badging & Access Control Office if you are uncertain.

Reason for Access Request

The requestor must provide a detailed explanation of why the access request is justified. The requestor must also include the access expiration date.

Applicant's Signature	Date



SIGNATORY AUTHORIZATION

To be completed by the **Authorized Signatory**.

Last Name (print)	First Name (print)	Middle Name (print)
Badge Number	Signature	Date



MASTER TENANT SIGNATORY AUTHORIZATION

To be completed by the **Master Tenant** only if requesting company is subleasing space. Otherwise, this section can be left blank. See Annotated Guideline or FAQ for details.

Last Name (print)	First Name (print)	Middle Name (print)
Badge Number	Signature	

If the Applicant's employer is a subtenant, they must obtain the signature of the Master Tenant's Authorized Signatory. If the Applicant's employer is a Master Tenant, this section can be left blank. If uncertain, contact your Authorized Signatory.



LGB USE ONLY

To be completed by the **Badging & Access Control Office**

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Name:

A completed form must be submitted to LGBAccessControlRequest@longbeach.gov