

**BANK OF AMERICA PLAZA  
TENANT AFTER-HOURS AUTHORIZATION FORM  
FAX TO: TENANT SERVICES COORDINATOR  
PHONE: 214-761-6111 FAX: 214-761-6109**

- 1) TENANT/COMPANY NAME: \_\_\_\_\_
- 2) DATE REQUEST SUBMITTED: \_\_\_\_\_
- 3) AUTHORIZED BY (PRINT NAME): \_\_\_\_\_
- 4) AUTHORIZED PERSON'S SIGNATURE: \_\_\_\_\_

DATES OF AUTHORIZATION (PLEASE CIRCLE BELOW):

MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DAY		SUN	MON	TUE	WED	THU	FRI	SAT	SUN			
DATE		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31										

TIMES ACCESS IS NEEDED (PLEASE CIRCLE):

12 MIDNIGHT	1AM	2AM	3AM	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM
12 NOON	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM

ELEVATOR NEEDED? (PLEASE CIRCLE): YES NO PADDED PASSENGER FREIGHT

SPECIFIC FLOORS AUTHORIZED (PLEASE CIRCLE):

LOW RISE FLOORS 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22  
MID LOW FLOORS 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40  
HIGHT MID FLOORS 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56  
HIGH RISE FLOORS 57 58 59 60 61 62 63 64 65 66 67 68 69  
SHTL - ROOF 70 71 COMMUNICATIONS ROOF

- 5) NAME OF COMPANY PERFORMING WORK: \_\_\_\_\_
- 6) TYPE OF WORK PERFORMED (MOVE, PAINT, ELECTRICAL, INSTALL CARPET, ETC.)

NUMBER OF WORKMEN (CIRCLE ESTIMATED) 1 - 5 6 - 10 11 OR MORE

NAME, PHONE # OR PAGER NUMBER  
OF ON-SITE SUPERVISOR/FOREMAN: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_