

This form is to be completed and submitted to both the Information Technology Services (ITS) and Facilities & Project Management offices a minimum of **48 hours** prior to any request to start work in a dedicated server room. Email completed form to both FacilitiesServiceDesk@ufv.ca AND its servicedesk@ufv.ca.

Company Name:	Contact Name:	Date of Request:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Phone #'s:	Email Addresses:	Access IT Server Room#:
1. <input type="text"/>	1. <input type="text"/>	<input type="checkbox"/> AB B104 <input type="checkbox"/> CEP A0026
2. <input type="text"/>	2. <input type="text"/>	<input type="checkbox"/> AB B157 <input type="checkbox"/> CEP T1127
3. <input type="text"/>	3. <input type="text"/>	

UFV Contact Person:	UFV Department:
<input type="text"/>	<input type="text"/>

Name(s) of employee(s) requiring access:

Has your company completed UFV's Contractor Site Safety Program? Yes No
 Has your company completed the restricted access induction checklist? Yes No

Requested Work Start Date:	Requested Work Start Time:	Expected Duration of Work:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information/ Comments:

I have read and understood the server room access request form. Any work performed or actions undertaken during the course of the scheduled work by my company and its employees that may result in the damage to UFV property or equipment, or that may cause interruption of IT services to any UFV department, which could be traced back to this work, will be the responsibility of the contracted company. UFV is authorized to seek compensation for any such interruptions after an investigation of the incident has been completed.

Name of Contractor Rep	Signature of Contractor Rep	Date Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of UFV ITS Rep	Signature of UFV ITS Rep	Date Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of UFV Facilities Rep	Signature of UFV Facilities Rep	Date Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>