



Cousins Properties at Gateway Village

WORK ACCESS & LIFE SAFETY SYSTEMS IMPAIRMENT REQUEST

Security Control Room 980-683-0000 Impairment Coordinator 704-350-6222 Fax 704-350-6201

Customer: _____ Date of Request: _____
Company Performing Work: _____
Company Contact Name: _____ Phone Number _____
On-Site Supervisor Name _____ Phone Number _____
Date(s) work is to be performed: _____
Time work is to be performed: From: _____ to: _____
Building(s) _____ Floor(s) _____
In detail describe work to be performed.
Have you provided the appropriate insurance certificate? _____ Yes _____ No

Below to be filled out by Cousins Properties:

Will work affect any of the following systems?
Fire Alarm System: _____ Electricity: _____ Water: _____ Telecom: _____ Security: _____
How will system be affected: _____
Is an IMPAIRMENT form required: _____ SEE PAGE (2) FOR IMPAIRMENT INFORMATION
Will HOT WORK be preformed: _____

Be sure the customer you are performing work for has signed this before faxing to us. Forms must arrive 24 hours prior to work efforts.

Impairment Authorization ONLY: Approval Date: _____
Customer Approval: _____ Print Name _____ Signature _____
Cousins Properties: _____ Print Name _____ Signature _____