

Waterfront Plaza
Demolition and Coring Request
Form

WATERFRONT PLAZA MANAGEMENT OFFICE
DEMOLITION AND CORING REQUEST FORM

MGMT OFFICE: 532-4750
SECURITY 532-4510
FACSIMILE: 532-4759

DATE: _____ TIME: _____

REQUESTED BY: _____

PROJECT: _____

PROJECT MANAGER: _____

TYPE OF WORK: _____

LOCATION(S): _____

REASON FOR WORK: _____

DURATION OF WORK: DATE: _____ TIME: _____

ONSITE CONTACT: _____

TELEPHONE: _____ PAGER: _____ OTHER: _____

TO BE COMPLETED BY AN AUTHORIZED MANAGEMENT OFFICE REPRESENTATIVE

INTERIM SECURITY & SAFETY REQUIREMENTS:

ENGINEER ASSIGNED:

APPROVAL:

YES / NO

REASON:

AUTHORIZED WFP REPRESENTATIVE:

OUTSIDE BILLING: YES / NO

INSIDE BILLING: ACCOUNT NUMBER /
PURCHASE ORDER NUMBER:
