ATTACHMENT B
REQUEST FOR PHYSICAL ACCESS

The Customer

Date of Application: _____

Customer's Name: _____

Name of Senior Personnel: _____Contact Number: _____

Approval for Physical Access is sought for the purpose of:

[ ] Emergency (Service Affecting) [ ) Emergency (Non-Service Affecting)

[ ] Normal Access

Requested Date and Time of Access:

Name of Person(s) for which Physical Access is requested:

1. _____
   _____
3. _____
4. _____
5. _____
6. _____

On Behalf of Customer

Signed by: _____ Name: _____
Position: _____ Contact Number: _____

TCL's Response

Application: [ ] Approved subject to terms and condition of Physical Access Procedure

( ] Rejected Reason for rejection: _____

Signed by: _____

Name: _____

Position: _____