

Real Estate, Logistics, and Operations Physical Security, Emergency Management and Safety

LOADING DOCK REQUEST FORM

1. Requestor Information:				
Name:		Request Date:		
Title:		Phone Number:		
StaffDiv/OpDiv:		Email:		
Signature:				
2. Requested Location(s) (Check all that apply):		3. Date(s) and Time(s) of Delivery or Pickup:		
Hubert H. Humphrey Bldg. Mary E. Switzer Bldg.	Parklawn Bldg.	Start Date:	Start Time:	
Other:		End Date:	End Time:	
4 D ' /D I C /'				
4. Driver/Passenger Information		D.:/D	N /Dl N l \	
Driver/Passenger 1: (Full Name/Phone Number):		Driver/Passenger 2: (Full Name/Phone Number):		
Driver/Passenger 3: (Full Name/Phone Number):		Driver/Passenger 4: (Full Name/Phone Number):		
				5. Vehicle Information:
	Make:	Make:		
Make:		Model:		
Model:	Model:	Year:		
Year:	Year:			
Color:	Color:	Color:	DI AN IGA	
License Plate No./State:	License Plate No./State	e: License	License Plate No./State:	
Note: If there are more than 3 vehicle				
6. Reason for Loading Dock Re	quest: (please include description of	f items being delivered or picke	d up)	
7. Receiver Information: (For deliv	veries, please provide contact informat		accepting the item(s))	
Name:		Phone Number:		
Title:		Email:		
StaffDiv/OpDiv:				
9 DCFMC Annuovom		9. Pertinent	Information	
8. PSEMS Approver:		9. Fertillent	imormation:	
Approver Name:		- Privately owned vehicles are NOT authorized to		
Approver Title:		park in the loading dock area. - The responsible person (Receiver) must be on-		
Approved/Denied Date:		site and available during the day and time of delivery.		
				Approver
Signatura				