

# SALT LAKE CITY DEPARTMENT OF AIRPORTS

## ACCESS LEVEL REQUEST



OVERVIEW			
This form must be completed for all access level changes. Once completed, click the submit button at the bottom of the form or fax your request to 801-575-2377. Please allow up to 24 hours for completion.			
SECTION 1 COMPANY AUTHORIZATION			
Company Name		Sponsored by	
Last Name	First Name	Title	
Email	Date	Phone Number (    )	
SECTION 2 ACCESS REQUESTED	Indicate if this access is for all employees or for individual employees. Also indicate if this request is a permanent or temporary request (include date range if temporary).		
<input type="checkbox"/> ALL EMPLOYEES	<input type="checkbox"/> PERMANENT		
<input type="checkbox"/> INDIVIDUAL – (List name(s) below)	<input type="checkbox"/> TEMPORARY: From: _____ To: _____		
EMPLOYEE NAME(S)			
Last Name	First Name	Badge No	
List Door/Gate Number(s), and Operational Need. (You may list multiple doors/gates on each line.)			
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE		
Operational Need			
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE		
Operational Need			
<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE		
Operational Need			
		<b>SUBMIT REQUEST</b>	
SECTION 3 ACCESS CONTROL USE ONLY			
Comments			Entered by/Date