



COLORADO TOWER CONTRACTOR PASSDOWN FORM

PROJECT NAME: _____

WORK TO BE PERFORMED: _____

SUITE #: _____

GENERAL CONTRACTOR NAME: _____

SUPERINTENDANT'S NAME: _____

SUPERINTENDANT'S CELL PHONE: _____

DAYS OF WORK:	DATES:	TIME:
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

SUB-CONTRACTOR COMPANY NAMES:

_____	_____
_____	_____
_____	_____

Specific Locations of Work/Access Needed:

_____	_____
_____	_____

**NOTE: ALL WORK IN OCCUPIED TENANT SPACES REQUIRES 48 HOUR ADVANCED NOTICE.
PASS DOWNS ARE DUE IN THE MANAGEMENT OFFICE**

NO LATER THAN 1:00 P.M. DAILY; WEEKLY PASSDOWNS CAN BE SUBMITTED EVERY

MONDAY. EMAIL: agoss@cousins.com