GERALD R. FORD International Airport

IT & TELECOMMUNICATIONS

IT ROOM ACCESS

REQUEST FORM

SUBMISSION AND RESPONSE TIME

Email the completed form to vendor-support@grr.org.

IT will process the request and coordinate assistance or escorting within 48 hours of submission.

1 VENDOR INFORMATION

Company name *

Vendor contact name *

Email address *

Mobile phone *

Airport contact / project manager *

Project / ticket number

2 ACCESS DETAILS

Requested date *

Start time *

End time *

Escort required? *

Select...

IT room / building / location *

Type of access *

Select...

3 PERSONNEL REQUIRING ACCESS

Full name	Mobile number	Badge number

4 WORK SUMMARY

Briefly describe the work to be performed *

Equipment or system being serviced

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5 WORK IMPACT

Select all that apply:

- ☐ Network or system connection
- ☐ Equipment installation or removal
- ☐ Cabling or fiber work
- ☐ System interruption or configuration change
- ☐ Vendor laptop or removable media
- ☐ None of the above

Potential operational impact? *

Select...

If yes or unknown, briefly explain

6 VENDOR ACKNOWLEDGMENT

By submitting this request, I confirm that the information is accurate and agree to:

- Follow Airport Authority security, safety, escort, and IT requirements.
- Access only approved rooms and equipment and keep doors secured.
- Obtain IT approval before connecting, disconnecting, moving, restarting, or modifying equipment.
- Report incidents immediately and leave the room clean and secure.

Vendor representative *

Electronic signature / initials *

Submission date *

7 FOR IT DEPARTMENT USE

Status

Select...

Assigned IT representative / escort

Approved access date

Approved time / access window

Conditions or instructions

IT reviewer

Review date