

MATERIAL GATE PASS

(Please write legibly and print all needed information with a black ink pen)

Property Administrator: _____ Date of Application: _____
Duration: _____ Purpose: _____
Homeowner/Contractor: _____ Block and Lot: _____

Type of Pass: ☐ Delivery ☐ Pull-Out

#	QUANTITY	UNIT	MATERIAL	EQUIPMENT
1				
2				
3				
4				
5				
6				
7				

Note: Please surrender the duplicate copy to the Security on Duty at least two (2) to three (3) days prior to the delivery or pull-out of items.

REQUESTED BY:

APPROVED BY:

(Signature over Printed Name)

(Property Administrator)

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