

Colocation Access Card Request Form

Colocator Company & Primary Contact Information:

Colocator Company Name	Company Address & City	State	Zip Code
Phone Numbers; Work	Cell / Pager	Home	
Authorized Company Representative (Print)	Authorized Company Representative Signature	Date	

Colocator Employee Information:

Colocator Employee Last Name (Print)	First Name (Print)	Passphrase
Email Address		Title
Telephone Numbers	Colocator Employee's Signature	Date
Work:	<p>By signing this document, I state that the information given is true and correct to the best of my knowledge. I agree that any cards, keys or equipment issued to me by ipHouse are the property of ipHouse and must be surrendered upon demand. I also agree to abide by the rules listed at the bottom of this document. I submit that I have never been denied access or had access revoked by any telecom facility or property.</p>	
Home:		
Cell:		
Pager:		
Access Card Requested		
New _____ Lost / Stolen _____ Damaged _____		

Colocation Services Information and Authorization - This section completed by ipHouse

Access Card Processed By:	Access Card Activation Date:	Card No.
Access to the following:		
Rack #(s) _____		Cage #(s) _____

Facility Rules:

1. Food or drink or smoking is **NOT** allowed in collocation facility at any time.
2. No person(s) will be granted access to collocation facility unless the person(s) has a valid access card issued to them by ipHouse. All contractors or other person(s) must secure an access card from ipHouse PRIOR to being given access to facility.
3. Access cards issued to a particular person are for access only to the areas of the collocation facility listed on this form and only for the person listed.