



## Vendor Special Request

Name		Date of request	
Business			

- (1) Access to the building outside designed hours
- (2) Leaving early on Market Day
- (3) Temporary access to refrigerator / freezer space – Fee Required
- (4) Medical leave
- (5) Other - describe

(1) Access is being requested for:

Date _____	Start Time _____	End Time _____	
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(2) Leaving early:

Date _____	Departure Time _____
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(3) Temporary refrigerator/ freezer space (\$5 per day per 4 cubic ft.)

Date _____	Est. cubic ft _____	End Date _____
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(4) Medical leave dates:

Date _____	Return Date _____
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(5) Other describe below

Reason for Request:

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Signature of Requestor \_\_\_\_\_

Office Use Only	
Received by	Date <span style="float: right;">Approve / Disapprove</span>