



**Contractor ID Card Agreement**

Company: \_\_\_\_\_ Project: \_\_\_\_\_

Address: \_\_\_\_\_ Company Phone \_\_\_\_\_

Contractor access will be granted from **6 a.m. – 7 p.m.** Monday – Friday with a valid picture ID. If additional access is required, a request must be made **24** hours beforehand to the Police representative. Your Contractor badge must be returned in the same condition as issued or there will be a **\$15 lost or damaged card fee** incurred. Lost or stolen badges should be reported to LU Police @ 434-395-2279 and your Capital Planning representative.

**RETURN ALL CARDS TO THE POLICE DEPARTMENT**

**within 5 days of completion of project.**

Employee Names:	Card # Issued	Employee Names:	Card # Issued
1.		9.	
2.		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	
7.		15.	
8.		16.	

Area: \_\_\_\_\_ Request Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**I agree to abide by the regulations stated above.**

A copy of these regulations has been provided for my reference.

Supervisor Name: \_\_\_\_\_ Supervisor Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Authorized Approval: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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Office of Integrated Security Systems

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