



## Request for Re-Activation of Access

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Badge#: \_\_\_\_\_

Date of Activation: \_\_\_\_\_ Reason for Activation: \_\_\_\_\_

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Name: \_\_\_\_\_ Company: \_\_\_\_\_ Badge#: \_\_\_\_\_

Date of Activation: \_\_\_\_\_ Reason for Activation: \_\_\_\_\_

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Name: \_\_\_\_\_ Company: \_\_\_\_\_ Badge#: \_\_\_\_\_

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Name: \_\_\_\_\_ Company: \_\_\_\_\_ Badge#: \_\_\_\_\_

Date of Activation: \_\_\_\_\_ Reason for Activation: \_\_\_\_\_

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All re-activation requests must be authorized by the individual's Marathon Coordinator. The background check, drug and alcohol policy compliance, and safety orientation must be verified.

Send all requests to [detroitsecurity@marathonpetroleum.com](mailto:detroitsecurity@marathonpetroleum.com)

Authorization by (Print): \_\_\_\_\_ Extension: \_\_\_\_\_

Signature: \_\_\_\_\_ Authorization Date: \_\_\_\_\_