



Access

• **Authorized Personnel:**

• **Authorized by (Authorized Signatory):** _____

- After Hours Suite**
- One Time Only Suite**
- Roof Storage**
- Phone Room**

Floor No.: _____
Insurance on file: yes no

- Trash Dumpster** (subject to additional dumpster charge.)
- Recycling Dumpster Access**

Notice to Tenant: Free access, limited to recyclable, paper-based materials *only* (including cardboard boxes). All cardboard boxes must be broken down.



All Moving and Delivery Activities

- Building No. (if different from above): _____
- Suite No. (if different from above): _____
- Moving Equipment needed: yes no
- List of Items attached: yes no
- Elevator Padding needed: yes no
- Move In** – Move-In Kit completed: yes no
- Move Out** – Move-Out Kit completed: yes no
- Delivery** – Permission to Move completed: yes no
- Authorized Individual: _____

Notice to Tenant: all deliveries which require moving equipment and impact normal usage of the elevator are subject to thirty minute's advanced notice. Otherwise, delivery may be delayed until proper preparations are in place [i.e., elevator padding, other tenant(s)' use of freight elevator, etc.]. All Permission to Move forms require Lessee or a Lessee authorized signature.

After Hours HVAC



(To be approved by Accounting Department only)

- Prepaid: yes no
- Additional hours allowed: yes no
- Additional deposit on file: yes no
- No. of add'l hours allowed: _____
- Authorized Individual: _____



Parking

• **Special Parking Arrangements**

Number of Spaces: _____ 6464 6565
Levels (check all that apply): P1 P2 P3 P4

Offices Now! Services

OFFICES *Now!*

Note: Changes in Reservation Time(s) require 48-hour advance notice for proper refund.

- Cleaning Deposit: \$ _____ on file yes no
- MiniSuite** Suite No.: _____
- Seminar Room**
- Conference Room** Check all that apply:
 64/600s 64/800s 64/830s 65/300s
- Special Events:**
Extended Use of Conference Room and Reception Area
Type of Event: _____

• **For Security Use:**

- Tenant Check-In Time: _____^{am}/_{pm} Tenant Check-Out Time: _____^{am}/_{pm}
- Inspection Performed
 - Before Tenant Check-In yes no
 - After Tenant Check-Out yes no
 - Clean-Up Required (if yes, note in DAR) yes no
 - Repairs Required (if yes, note in DAR) yes no
- *Monitoring MiniSuite Reception Area. Check all that apply:*
 64/600s 64/800s 64/830s 65/300s

Other/Notes:



