

## TENANT EVENT INFORMATION FORM

Tenant & Event Name:		
Event Details: Date:	Start Time:	End Time:
Number of Visitors:	**floor plate cap	pacity is 440
Contact Name & Phone # Dur	ing Event:	
Certificates of Insurance		
Catering Vendor:		COI Received:
Daliman Wandan		COLDanaireade
Delivery Vendor:		COI Received:
Other Vendor:		COI Received:
	_	
HVAC		
Overtime HVAC Required:	From: To:	Work Order
Placed:	<u></u>	
•		
<u>Cleaning</u> Special Cleaning Required:		Mark Order Dlaged
Special Cleaning Requirea:		Work Order Placed:
**Cleaning requests aft	er 9PM may incur addit	ional charges
0		
<b>Security</b> Visitors Added to Visitor Access	s System:	
Elevator Doors Unlocked:	-	Work Order Placed:
Loading Dock Reservation:	From:To:	Contacted Security:
**Loading dock can be	reconned before 9AAA	8 after (PNA: 20 minute
maximum during day	Heserved before oaklik	& aller orm, 20 milliole
**Security detail might I	oe required for freight e	elevator depending on
delivery type/duration		
Additional Security Required:	]	
Registration Table in Lobby Nee		
_		laced in lobby <b>IF</b> visitors are
unknown <b>AND</b> greater t	•	естеа no food or beverages othe
than water are allowed		



- \*Signage should be of professional quality & should only have Tenant name and logo branded
- \*Signage needs to be approved by management in advance
- \*Tenant is responsible for collecting the names of all visitors who check-in/attend event

\*Events need to be scheduled with 48 hours advanced notice Please contact the Management Office if you have questions about coordinating your event or would like to meet before your event.

