



AUTHORIZED VENDOR WORK FORM

REQUIRED FOR ANY WORK DONE AT 1801 CALIFORNIA AT ANY TIME.

**Form must be received by Property Management no later than 3:00pm
the day before required admittance M-F and F for weekend work.
NO EXCEPTIONS**

TENANT: _____ **SUITE:** _____ **DATE:** _____

AUTHORIZED BY: _____ **SIGNATURE:** _____ **PHONE:** _____
(Print) (Must be Authorized Contact)

NAME OF COMPANY / PERSON(S) TO BE ADMITTED: Specific or Ongoing (please circle)
(Ongoing work must include approved names)

_____	DATE: _____	TIME (from-to): _____
_____	DATE: _____	TIME (from-to): _____
_____	DATE: _____	TIME (from-to): _____
_____	DATE: _____	TIME (from-to): _____

(Attach list of additional names if needed)

WORK TYPE TO BE PERFORMED:

VENDOR INFORMATION: (please circle where applicable)

Escort Needed: Yes or No

If yes, please state time (from – to): _____

Clearance to the Following Areas Needed: Loading Dock Freight Elevator Other

Billing: GC Tenant Brookfield

Take Smoke Detectors Out of Scan: Yes or No

If yes, please state which floor(s): _____

Odors Expected: Yes or No

Ventilation Needed: Yes or No

Fire Alarm Testing:

Date and time: _____

Floor(s): _____

To be Completed by Property Management

Compliant COI: Yes or No

Request Received and Approved by: _____

Date: _____

Department Copies: Central Operations, Engineering, Loading Dock, and Security