

Management (213) 630-3600 Security (213) 630-3700 email: beatriz.conrado@brookfieldproperties.com email: gabby.garcia@brookfieldproperties.com

Vendor Access Request

Tenant Name & Suite #:	Company / Vendor Nan	ne:
Tenant Contact Person:	Primary Contact / Phone:	
Access To Floor(s):	Date & Time (Start/En	d):
Freight Elevator(Lg/Sm):	Freight Reservati (Start/En	
*Reservation of a freight elevator i	requires an operator and will be charged per stand	ard billing rates.
Type of work by	eing performed / Special Instruction	ie.
Type of work bo	enig performed / Special Instruction	.5
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Support Services 1	Required (Please indicate time and da	tes)
Sprinkler Valve Shutdown:	Roof Access	1.
Fire Alarm Control:	Machanical Room Access	
Hot Work Permit:	Electrical Room Access	3:
Building Engineer:	Telephone Closet Access	3:
D:11:1: C:	Special Cleaning	j:
Notes Noige generating were	by will be completed off house (6,00)	om (400 om)
Note: Noise generating wor	k will be completed off hours (6:00])III- 0:00 aIII)
		_
Tenant or Approved Signature:		Date:
For Brookfield Use Only		
To brookied escomy		
Brookfield Comments:		
Insurance on file: Yes: No	o:	
Approved By:		
Security	Engineering —	Management