

## **Building Access Request Form**

This form must be submitted by **12:00 pm on the business day prior** to the requested access date or the work cannot be approved. Should you have any questions, please contact the Office of the Building at 213-624-3229.

Date of Access	<b>;</b>	Tenant	Suite
Vendor Reques	sting Access		
Vendor Contact PersonPhone Number			After-Hours Loading Dock Parking:  (Maximum 1 Vehicle)
Time:	From	□am □pm □am □pm	☐ Yes ☐ No
Type of work to be performed:			After-Hours Freight Elevator Reservation: \$40/hr (4 hour minimum) Reservations available Monday - Friday 6:00 pm - 6:00 am, or Saturday - Sunday
			- Yes No
-			Reserve from to
Notes / Comme	nant Contact Name		- - - Phone
Authorized Tenant Signature			Date
*Note:	Visitors and contractor in the building.	s must check in w	vith the loading dock upon arrival and prior to performing any work
_	nagement use only:		
☐COI Approved		_	Special Instructions/Notes:
Access to Suite/FloorApproved			
☐ Vendor/Contractor Permitted to Park at Dock			Approved by
# of Vehicles: Freight Elevator Reserved (if applicable)			Approved by:  Date approved:
		•	Processed by:

Please return to the Office of the Building via Email: 444oob@444southflower.com

