

AFTER-HOURS Access Form

10100
SANTA MONICA

Tenant/Suite Number : _____ Contractor/Vendor: _____
Date(s): _____ Floor(s) Accessible: _____

FOR TENANTS TO COMPLETE:

- On-going Time Frame: _____
- Daily Access (1-3 days)
Day/Dates: _____
- Keys Needed: _____
- Freight to be Used & Hours: _____
- Suite Alarm to be Silenced: _____

TENANTS CONTACT INFO:

Suite _____

Name _____

Phone: _____

Email: _____

Vendor/Company/Individuals Requiring Access:

Vendor/Company/Individuals Contact Information:

Scope of Work: _____

FOR PMO ADMINISTRATION:

- Freight Elevator Access
- Freight Monitor Needed
- Suite Access

Key Tag #: _____

Key Stamp #: _____