**Douglas**



**Emmett Form CT-06 1901 Avenue of the Stars**

*To request access to the building for deliveries and when moving in and moving out, please complete this form, attach the Certificate of Insurance for your vendor, have an authorized person sign it and return it to the Office of the Building.*

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| --- | --- | --- |
| **Tena nt Name:** |  | **Contact Phone** *#:* |
| **Suite No.:** |  | **Date:** |

Your mo ve must comply with the Building Moving/Delivery Policy, a copy of which can be obtained from the Office of the Building.

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| II  **VENDOR** *(For. access by* a *vendor,, contractor, delivery personr:,el, you must attach their Certificate of fPlsurance.)* | | | |
| Vendor Name: |  | | Phone #: |
| Vendor Contact Person: |  | | Suite No.: |
| Vendor Address: |  | | Date of Access: |
| Freight Elevator Needed: | □Yes □No From: *--* To: *--* | | |
| Loading Dock Access Needed: | □Yes □No From: *--* To: *--* | | |
| After Hours Air Conditioning Needed: | □Yes □No From: *--* To: *--* | | |
| After Hours Lighting Needed: | □Yes □No From: *--* To: *--* | | |
| Certificate of Insurance submitted to  Office of the Building: | □Yes □No | Certificate of Insurance expiration date: | |
| Description of physical work to be  performed: |  | | |

**Please understa nd that your move is not scheduled until confirmed by the Office of the Building.**

Tenant has reviewed and agrees to the Building Moving/Delivery Policy, and understands that it is responsible for any damages to the Building or any other person or property.

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| --- | --- | --- |
| **Tenant Authorized Person:** | Signature: |  |
| Type/print name & title: |  |

If you have any questions, please contact the Office of the Building:

Phone: 310 -553-5500 Fax: 310-551-9996 Emali: [1901aots@douqlasemmett.com](mailto:1901aots@douqlasemmett.com) 1901 Avenue of the Stars, Suite 1910, Los Angeles, CA 90067

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