

Tel. 650.969.3871- Fax.650.969.3873			
Please complete the following form and reto		ement Office. If you have any ques at 650-969-3871.	tions, please contact Property Management
TODAY'S DATE		at 050-909-3071.	
TENANT EVENT CONTACT / PHONE NUMBER :			
COMPANY NAME:			
ADDRESS:			
EVENT NAME / DESCRIPTION:			
REQUESTED LOCATION OF EVENT:			
REQUESTED DATE:			
REQUESTED TIME:	Start:	End	
APPROX. # OF GUESTS EXPECTED :			
ADDITIONAL SERVICES REQUESTED:			
BUILDING ENGINEERING SERVICES			OFFICE USE ONLY Work Order / Service Request #s:
(Requires 10 days advanced notice)	START	END	Work Order / Service Request #s.
Extended HVAC Required		<u></u>	#
Extended Lighting Required			#
Notes:			_
BUILDING JANITORIAL SERVICES	TIME		
Delay janitorial services to:			
Extend janitorial services to:		-	
Interior glass cleaning:		-	
Carpet cleaning:	•	-	
Restroom Clean/Stock:	-	- -	
Notes:			_
SECURITY:	Time (Start)	Time (End)	
(4 hours minimum)			
PROPERTY MANAGEMENT / SECURITY Will guest list be provided? (Circle one)	YES	NO NO	
Will greeter be provided in the lobby? (Circle one)	YES	NO NO	
Elevator Reservation Needed?	Time (Start)	Time (End)	ER Made By:
Date(s):	VE0.	NO.	
Lay Out Plan attached (Circle one)	YES	NO	
Vendor List Attached: (Circle one)	YES	NO	
Important: All vendors must provide proof of insuran- naming the appropriate Certificate Holder as addition		or Liability if applicable, in accorda	nce with the Building's requirements, including
AUTHORIZED SIGNATURE FOR BILLABLE SERVIO	CES:		
		Signed	
		Print Name	
		Date Submitted	