400 North Brand Boulevard
Glendale, CA 91203

VENDOR ACCESS REQUEST FORM

ACCESS INFORMATION

Date of Access: From:_____ To:_____

Time: Begin:_____ AM/PM End:_____AM/PM

TENANT INFORMATION

Tenant Company_____ **Tenant Representative**_____

Tenant Phone_____**Tenant After-Hour Phone**_____

Suite / Floor / Area to be Accessed_____

Please Note: Tenant is responsible for granting suite access to vendors/contractors.

VENDOR INFORMATION

Vendor _____ **Contact** _____ **Phone** _____

Description of Activity / Contractor Employee Names _____

_____

OTHER SERVICES

Will this work require Building assistance? ☐YES or ☐NO - (Select one)

Describe Request:_____

_____

There may be a charge if above-standard service is requested. Please check with Building Management.

ACCESS TO ELECTRICAL CLOSET	☐YES or ☐NO - (Select one) Available Monday – Friday
ACCESS TO TELEPHONE CLOSET	☐YES or ☐NO - (Select one) Available Monday – Friday
FREIGHT RESERVATION	☐YES or ☐NO - (Select one)
LOADING DOCK ACCESS (20-Minute Loading)	☐YES or ☐NO - (Select one) Available Monday – Sunday

INSURANCE VERIFICATION

All vendors and contractors scheduled to perform any work for the Building or within a Tenant Suite are required to provide proof of insurance to Building Management prior to any work commencement. Approval of access forms is subject to confirmation of insurance compliance.

Certificate of Insurance verified by **Management** ☐YES or ☐NO ☐(Not required, no services are being performed)

_____ _____

Building Management Authorization **Date** **Tenant Authorization** **Date**

All requests must be received by 4:00PM on the preceding business day. Please email the completed form to kristine.kadymyan@cushwake.com and Eunice.Linarte@cushwake.com. For additional information, please call (818) 553-6724.