**450 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.