

AFTER HOURS AND KEY AUTHORIZATION FORM

COMPANY NAME: _____ SUITE # _____

EFFECTIVE DATE: _____

I. BILLABLE SERVICE AUTHORIZATION:

Names of those authorized to request and sign service invoices for billable services (e.g., after-hours air conditioning*, engineering services, lock and key requests, signage requests, janitorial services, special cleaning, excessive trash removal, construction orders, etc.).

Name(s) and Email

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Signature by one of the above persons on a service invoice constitutes AGREEMENT BY: _____ to pay for the services provided.

*If you do not wish for all suite occupants to have authorization to request after-hour conditioning, please check here: Yes No (If marked "no", then only those listed above will have approval.)

II. KEYS/LOCKS:

Name(s) and Signatures of those authorized to request and sign for key/ lock requests:

III. ACCESS:

After hours access is given to the BUILDING only. Security does NOT have access to locked occupied suites and will NOT be able to open them. It is understood that this authorization in no way obligates the Landlord, nor shall Tenant rely on Landlord to perform this service.

V. EMERGENCY CONTACTS:

Please list below in order of priority the names and home phone number of persons we may contact, at our sole discretion, after hours, in case of emergency:

Leasee's Approval: Lessee hereby authorizes access into the building and/or the suite during normal and after business hours and acknowledges full responsibility for any additional costs associated with this request. Lessee knowingly and voluntarily release California Market Center/ Brookfield Properties, related and affiliated companies and/or corporations and officers, agents, and employees of said entities, from all liability for claims or damages including expenses from said entry upon such properties identified above.

The representatives from _____ (Company Name) listed above are authorized to sign for those services as indicated.

Name (Typed)

Signature

Title

Date



I. General Information

Tenant Name: _____ Sub-Tenant of: _____ Date: _____

Reception Floor: _____ All Suite #'s: _____

Main Phone: _____ Main Fax: _____ Submitted By: _____

Tenant Space Alarm: No Yes (please complete following*)

*Location / Description: _____ *Hours in Use: _____

*Alarm Company: _____ *Phone: _____

II. Tenant Contact Information (for daily Building Management use; these individuals will receive all building correspondence)

	Name	Title	Direct Phone #	E-mail Address (Required)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Please include contact information for executive(s) responsible for tenant lease; these individuals will **not** receive daily communication from Building Management:

6	_____	_____	_____	_____
7	_____	_____	_____	_____

III. Emergency Contacts (Required in case of an after-hour emergency)

	Name	Emergency Phone: Mobile	Emergency Phone: Mobile 2	Emergency Phone: Home	Email Address (Required)
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

IV. Emergency Response Team

	Name	Direct Phone #	E-mail Address (Required)
1 BSS Online Administrator (Online Fire Life/Safety Program)	_____	_____	_____
2 Floor Warden:	_____	_____	_____
3 Alternate Floor Warden:	_____	_____	_____

V. Accounting Contacts

	Name	Direct Phone #	E-mail Address (Required)
1 Accounts Payable:	_____	_____	_____
Rent & Sundries statements should be forwarded to:	Mailing Address: _____	_____	_____
2 Operating Expenses:	_____	_____	_____
Calculations should be forwarded to:	Mailing Address: _____	_____	_____

VI. Parking Contact (if different from primary contact)

	Name	Title	Direct Phone #	E-mail Address (Required)
_____	_____	_____	_____	_____

Mailing Address (if different from CMC Suite above): _____

Please print clearly and legibly in black or blue ink.