

WASHINGTON SQUARE - TENANT AUTHORIZED ACTIVITY REQUEST

PLEASE COMPLETE **IN FULL**. Return Via E-Mail To wshsq@shorenstein.com
Requests Confirmed With Tenant Via E-Mail Upon Landlord's Approval.

100 Washington Avenue South Suite 1306 Minneapolis MN 55401
Tel (612)455-3700 Fax (612)455-3711

Name: _____ Tenant Name: _____
E-Mail Address: _____ Building / Suite: _____
Date(s) of Activity: _____ Time of Activity: _____
Contractor/Vendor: _____
Contact Name: _____
Phone: _____
Cell Phone: _____
Sub Contractors: _____

DESCRIPTION OF WORK:

SPECIAL REQUIREMENTS

Is Security Authorized To Provide Vendor/Contractor Into Tenant Premises? Yes No
Does Activity Require Disabling Smoke Detectors? Yes No Time: Begin ___ : ___ Ending ___ : ___
Does Activity Require Extra Ventilation? Yes No Time: Begin ___ : ___ Ending ___ : ___
Does Activity Require Dock Access/Use? Yes No
Does Activity Require Service Elevator Use? Yes No

Tenant Contact: _____ Phone: _____ Date: _____

Washington Square Property Management Use Only

Distribution:

- | | | | |
|------------------------------|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> SPM | <input type="checkbox"/> TSC | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Control Room |
| <input type="checkbox"/> APM | <input type="checkbox"/> Engineering | <input type="checkbox"/> Security | <input type="checkbox"/> Tenant Confirmation |

Shorenstein Authorization: _____ Date: _____

COI Date: _____ Security Escort Required? Yes No