

AUTHORIZED ACTIVITY REPORT:

Contractor shall complete the following details and return to CBRE, Inc. 24 hours prior to request time. All after hours work requires this activity report documentation.

CBRE, Inc. / The Marq
Suite 200
Phone: 612-332-6300 emily.boesen@cbre.com

Attention (check all that apply):

General Manager _____ Engineering _____ Security _____ Janitorial _____

Tenant and Suite Number: _____

Date Required: _____ Time Required: _____

Contractor/Vendor: _____ Contact: _____

Office Phone: _____ Mobile 1: _____ Mobile 2: _____

Subcontractor(s): _____

Description of Work: _____ Demolition _____ Painting/Spraying _____ Wall Construction
 _____ Electrical _____ X-Raying _____ Furniture Move
 _____ Plumbing _____ Sanding _____ HVAC Installation
 _____ Fire System Modification (strobes, smokes, etc.) _____ Carpet Installation
 _____ Other Special Instructions

Security authorized to allow contractor access to your suite? Yes _____ No _____

Do you need the fire system disabled? Yes _____ No _____ Time beginning: ____:____ Ending: ____:____

Do you need extra ventilation? Yes _____ No _____ Time beginning: ____:____ Ending: ____:____

Do you require dock access? Yes _____ No _____ (Contact management office to schedule a time)

Freight elevator service? Yes _____ No _____ (Contact management office to schedule a time)

Tenant Contact: _____

Tenant/Vendor Signature: _____ Date: _____

CBRE, Inc. (building mgmt.) Authorization: _____ Date: _____

Certificate of Insurance current? Yes _____ No _____