



**EIGHTH
AVENUE
PLACE**

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Authorized Activity (Access) Request Form

Hines

AUTHORIZED ACTIVITY REQUEST

Tenant or Contractor shall complete the following details and return to the Hines Property Management Office 24 hours prior to request time. All trade work requires this activity request documentation.

Hines Canada Management Company II ULC
Suite 440, 525 - 8th Avenue SW
Phone: 403.592.2888 Fax: 403.592.2889

Attention (check name):

____ Property Manager ____ Engineering Manager ____ Janitorial ____ Dock Master

____ Asst. Property Mgr. ____ Engineering ____ Security

Tenant and Suite Number: _____

Date of Work : ____ / ____ / ____ Time: _____

Contractor/Vendor: _____ Contact: _____

Phone#: _____ Fax#: _____ Mobile#: _____ Pager#: _____

Subcontractor: _____

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 Smoke Detectors Disabled? Yes ____ No ____ Time: Start ____ : ____ End ____ : ____

Do you need OT HVAC @ \$60/hr? Yes ____ No ____ Time: Start ____ : ____ End ____ : ____

Do you require dock access? Yes ____ No ____ (Contact Management Office to Schedule a Time)

Special Elevator Use? Yes ____ No ____ (Contact Management Office to Schedule a Time)

Tenant Contact: _____ Signature: _____ Date: _____

Hines Authorization: _____ Date: _____

Certificate of Insurance? Yes ____ No ____