

OVERLOOK III
AUTHORIZED ACTIVITY REPORT

Contractor shall complete the following details and return to Building Management 24 hours prior to request time.

All after hours work requires this signed activity report documentation.

Lenox Towers Property Services, Overlook III Suite, 495 Phone: 770-319-8900 Fax: 770-319-9599

Attention (check all that apply):

- | | | | |
|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Property Manager | <input type="checkbox"/> Engineering Manager | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Dock Master |
| <input type="checkbox"/> Asst. Property Mgr. | <input type="checkbox"/> Engineering | <input type="checkbox"/> Security | |

Tenant Name & Suite Number: _____

Date: _____ Time: _____

Tenant Contact Name: _____ Contact #: _____

Contractor/Vendor Name #: _____ Contact #: _____

Subcontractors: _____

- Description of Work:
- | | | |
|---|--|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Painting/Spraying | <input type="checkbox"/> Wall Construction |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> X-Raying | <input type="checkbox"/> Furniture Move |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sanding | <input type="checkbox"/> HVAC Installation |
| <input type="checkbox"/> Fire System Modification (Strobes, Smokes, etc.) | <input type="checkbox"/> Carpet Installation | |
| <input type="checkbox"/> Other special Instructions: _____ | | |

Do you need Smoke Detectors Disabled? Yes No Time: Beginning _____ : _____ Ending _____ : _____

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

Freight Elevator Use? Yes No (Contact mgmt. office to schedule a time)

Tenant Authorization: _____ Date: _____

Bldg. Mgmt. Authorization: _____ Date: _____

Engineering: _____ Date: _____

Certificate of Insurance (REQUIRED) ON FILE ATTACHED

Special Notation: Below is the name, direct contact number (cell), and access card number of the employee who will be on site during the project above. This person will be responsible for granting access into and securing your employer's suite after this project.

Name: _____ Access Card: _____ Cell Phone: _____