

999 PEACHTREE
AUTHORIZED ACTIVITY REPORT

*Contractor shall complete the following details and return to Hines Management 24 hours prior to request time.
All after hours work requires this signed activity report documentation.*

Hines, 999 Peachtree St, Suite 888, Atlanta, GA 30309
Phone: 404.249.1700 404.815.7461/Fax

Attention (check all that apply):

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

Tenant and Suite Number: _____

Date: _____

Time: _____

Contractor/Vendor: _____

Contact: _____

Phone #: _____

Fax #: _____

Mobile #: _____

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 Time: Beginning _____:_____:_____ Ending _____:_____

Freight Elevator Use? Yes No Time: Beginning _____:_____:_____ Ending _____:_____

Tenant Contact: _____

Date: _____

Property Mgmt Authorization: _____

Date: _____

Engineering Authorization: _____

Date: _____

Certificate of Insurance (required) On file Attached