

3415 SEPULVEDA

Vendor Access Request / Notification

Please submit (1) one working day in advance and include the Vendor's COI certificate. Submit telecomm (telephone / cable / internet) requests (1) one week in advance.

SUITE:	TENANT:		
VENDOR NAME:			
Date(s) of Access:			
Hours requested:	From:	To:	
Description of services to	be provided: ^[1]		
_	vator Access:		
Access to N	ИРОЕ ^[2]		
Other Special Requireme	nts:		
Authorized Tenant Conta	nct:		
Signed:		Date:	
Email:		Phone:	x
Deliver or Fmail complet	ed form and insurance	certificate to:	

ompleted form and insurance certificate to:

The Swig Company Office: (310) 397-1200 3415 South Sepulveda, Suite 100 Los Angeles, California 90034

Email: sepcentermanagement@swigco.com Cc: echan@swigco.com / khor@swigco.com

^[1] For telecommunication requests, please include the scope of work as submitted by the vendor - specify type of equipment / cable / conduit.

^[2] Use the building electrician for all work requiring access to the MPOE room.