

The SUMMIT

PASSDOWN REQUEST FORM FOR THE SUMMIT

Once completed please e-mail this form to the Property Management Office at summitadmin@urbanrengroup.com.

Tenant Requester Name: _____ Phone: _____

Tenant Requester Email: _____

Vendor/Service Provider: _____ Phone: _____

On-Site Contact: _____ Phone: _____

Subcontractor(s): _____

LOCATION OF WORK:

Floor/Suite	Dates	Start Time/End Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCOPE OF WORK:

REQUIREMENTS	
<input type="checkbox"/>	Tenant Space
<input type="checkbox"/>	Roof Access
<input type="checkbox"/>	Freight Elevator Padded
<input type="checkbox"/>	Floor Protection (Masonite)
<input type="checkbox"/>	Compliant COI

RESERVATIONS	
<input type="checkbox"/>	Freight Elevator
<input type="checkbox"/>	Loading Dock

BADGES NEEDED	
<input type="checkbox"/>	Base Building
<input type="checkbox"/>	Amazon

CONDITIONS REQUIRING URG APPROVAL		Comments
<input type="checkbox"/>	Phone Room/DEMARC	_____
<input type="checkbox"/>	Electrical Room	_____
<input type="checkbox"/>	Sprinkler Work	_____
<input type="checkbox"/>	Fire Alarm	_____
<input type="checkbox"/>	<input type="checkbox"/> Trouble Hold	_____
<input type="checkbox"/>	<input type="checkbox"/> Supervisory Hold	_____
<input type="checkbox"/>	<input type="checkbox"/> Full Panel Hold	_____
<input type="checkbox"/>	<input type="checkbox"/> Hot Work Permit	_____
<input type="checkbox"/>	Noisy/Disruptive Work	_____
<input type="checkbox"/>	Core Drilling	_____
<input type="checkbox"/>	Roto Hammering	_____
<input type="checkbox"/>	Odor	_____

Tenant Requester Signature: _____ Dated: _____

Note: Passthroughs must be submitted at least 48 hours in advance.

Please contact the Property Management Office with any questions at 425.467.8181.