



**AFTER HOURS
CONTRACTORS/VENDORS**

Tenant Name: _____ Suite # _____

Person Making Request _____ Phone # _____
(Print Name)

Project: _____

OUTSIDE CONTRACTOR REQUIRED FOR PROJECT:

Company Name: _____

Company Name: _____

Company Name: _____

PROJECT DATE(S) _____

_____ Business Hours (Weekdays 7 am to 6 pm)
_____ After-Hours (Weekday) From: _____ To: _____
_____ Weekend Hours From: _____ To: _____

CERTIFICATE OF INSURANCE IS ATTACHED: _____ (Expiration Date)
No work, delivery or freight elevator will be available for use until we receive a current Certificate of Insurance.

_____ **Tenant Authorization** (Print Name) _____ **Signature** _____ **Date**

_____ **TPMC/Landlord's Representative** _____ **Date**

PLEASE RETURN THIS FORM TO:
Management Office
5599 San Felipe St., Suite 106 ♦ Houston, Texas 77056
Email: admin5599@tanglewoodproperty.com
Phone: (713) 621-1300 Fax: (713) 621-0218