



**CONSTRUCTION OR  
IMPROVEMENT REQUEST**

Written authorization from the Landlord is required before any work can be performed in your office space (**this includes telephone and cable installations**). Please submit the following information and management will review the request and respond as soon as possible.

TENANT NAME: \_\_\_\_\_ SUITE: \_\_\_\_\_

PERSON MAKING REQUEST: \_\_\_\_\_ PHONE # \_\_\_\_\_

TYPE OF WORK TO BE PERFORMED: \_\_\_\_\_

WORK DATES: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

Please attach the following information to this form:

- Working Drawings \_\_\_\_\_
- Current Certificate of Insurance from Contractor(s) \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**Sub-Contractors:**

**Mandatory:** Firetron, Inc. / Schindler Elevator / RedHawk Security

**Approved:** CommAir, Inc. / Partners Electric / Extreme Electric / Spectra Contract Services / #1 Plumbing

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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  
E-Mail: [admin5599@tanglewoodproperty.com](mailto:admin5599@tanglewoodproperty.com)  
Phone: (713) 621-1300 Fax: (713) 621-0218