

TENANT ACTIVITY REQUEST



332 Minnesota Street, Suite W120, St. Paul, MN 55101
Phone: 651-225-3666 Fax: 651-222-4158

Tenant shall complete the following details and return to Building Management 24 hours prior to date of activity/use of dock or elevator. Please return form via e-mail at info@fnbbuilding.com or fax @ 651-222-4158

All large deliveries, moves or removal of personal property requires this activity report documentation.

Location of Work: _____ Suite: _____ Floor: _____

Date of Work: _____ Time: _____

Tenant Contact: _____ Phone: _____ Cell: _____

MOVE IN / MOVE OUT REQUEST (If this is not a Move In / Move Out Request, please skip this section):

- Description of work:
- | | |
|--|--|
| <input type="checkbox"/> Move In | <input type="checkbox"/> Move Out |
| <input type="checkbox"/> To Suite | <input type="checkbox"/> From Suite |
| <input type="checkbox"/> To Storage | <input type="checkbox"/> From Storage |
| <input type="checkbox"/> Large Delivery* | <input type="checkbox"/> Personal Property Removal |
| <input type="checkbox"/> Furniture Move | <input type="checkbox"/> Removal of Valuables |

Other: _____

*Large Delivery requiring exclusive use of an elevator for more than one trip

DOCK/ELEVATOR REQUEST

Do you require Dock Access: Yes No *Request via On Line Service Request or 225-3666*

Reserved Elevator Service: Yes No *Request via On Line Service Request or 225-3666*

Is there a Moving Company / Vendor involved: Yes No

Please note: If you have a Moving Company, a Certificate of Insurance listing the building owner and property management company as additional insured must be in file with the property management office showing the required limits of Insurance.

Name of Moving Company/Vendor: _____

Moving Company Contact Name: _____ Phone: _____

Moving Company Certificate of Insurance: Yes No

If no Moving Company involved, who is performing the work: _____

Property Management Office: Property Manager Tenant Services Coordinator Security