

499 PARK AVENUE

BUILDING ACCESS REQUEST FORM

Please email to 499parkavenue@hines.com at least 24 hours in advance

499 Park Avenue

Property Management Office

New York, NY 10022

Today's Date: ___/___/___

Office Hours: Mon-Fri (8 AM – 5 PM)

Main Line: (212) 759-9200

E-mail: 499parkavenue@hines.com

Floor: _____ Tenant Name: _____

Vendor(s) Name: _____

Vendor(s) Email: _____

Start Date: ___/___/___ End Date: ___/___/___

Start Time: _____ End Time: _____

Please note building Freight Elevator Hours are between 6PM-8AM daily.

PLEASE SELECT ACTION:

- Vendor Access Freight Elevator Domestic Water Shut Down
 Fire Watch Sprinkler Drain Down Smoke Shut Down
 Smoke Purge *Freight Elevator Operator (indicate hours needed) _____
*24-hour advanced freight cancellation notice is required. Otherwise minimum 4-hour charges will apply
 Other (explain) _____

Description of Work:

List Name & Company for those requiring access to the building:

Authorized Tenant Approval: _____

Building Management Use Only: Sprinkler Drain Down Isolate Floor Fire Alarm System
 Isolate Domestic Water Supply BMS C/W Electrical Fire Watch
Deactivation Date: _____ Deactivation Time: _____
Reactivation Date: _____ Reactivation Time: _____