

OVERLOOK II

AUTHORIZED ACTIVITY REPORT

Contractors shall complete the following details and return to Building Management 24 hours prior to request time.
ALL AFTER HOURS work requires this signed activity report documentation.

Overlook II - Property Management Office
2839 Paces Ferry Road, Suite 190, Atlanta, GA 30339
Phone: 770-319-8900 - E mail: overlook@goddard-group.com

Attention (check all that apply):

- | | | | |
|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Property Manager | <input type="checkbox"/> Engineering Manager | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Dock Master |
| <input type="checkbox"/> Asst. Property Mgr. | <input type="checkbox"/> Engineering | <input type="checkbox"/> Security | |

Tenant and Suite Number: _____

Date of Project: _____ Start Time _____:_____: Ending Time: _____

Contractor/Vendor: _____ Contact: _____

Phone #: _____ Mobile: _____

Subcontractors: _____

- Description of Work:
- | | | |
|--|--|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Painting/Spraying | <input type="checkbox"/> Wall Construction |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> X-Raying | <input type="checkbox"/> Furniture Move |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sanding | <input type="checkbox"/> HVAC Installation |
| <input type="checkbox"/> Fire System Modification (Strobes, Smokes, etc) | <input type="checkbox"/> Carpet Installation | |
| <input type="checkbox"/> Other special Instructions: | | |

Do you need Smoke Detectors Disabled? ☐ Yes ☐ No Time: Beginning _____:_____: Ending _____:_____

Do you require dock access? ☐ Yes ☐ No (Contact management office to schedule a time)

Freight Elevator Use? ☐ Yes ☐ No (Contact management office to schedule a time)

Certificate of Insurance ☐ Tenant has provided with AAR ☐ Liability Statement

Tenant Authorization: _____ **Date:** _____

Bldg Mgmt Authorization: _____ **Date:** _____

Contractor / Vendor Signature: _____ **Date:** _____

Special Notation: Below please provide the name of the employee, their access card number, and a direct contact number (cell phone) of the employee who will be on site during this project.

Name: _____ **Access Card Number:** _____ **Cell Phone:** _____