

NOTICE OF WORK AND DELIVERIES

(Please complete one form per item)

TENANT NAME: _____

SUITE: _____

CONTACT: _____

TEL: _____

FLOOR TO DO WORK: _____

DATE OF WORK: _____

TIME: FROM _____ TO _____

REPRESENTATIVE(S) FROM YOUR FIRM PRESENT: _____

DESCRIPTION OF WORK TO BE DONE: _____

COMPANY PERFORMING WORK: _____

COMPANY CONTACT: _____ TEL: _____

LIST EMPLOYEES WORKING: 1. _____

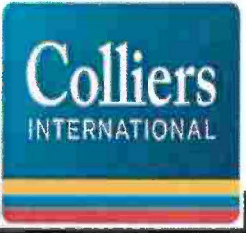
2. _____

TENANT SIGNATURE: _____ DATE: _____

PRINT NAME: _____

BUILDING MANAGEMENT APPROVAL: _____ DATE: _____

CERTIFICATE OF INSURANCE ON FILE: YES NO



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