

PASSDOWN REQUEST FORM

Please complete this form and email to the property management team at least **2 business days** to work/delivery for proper review and approval. All scheduled work is to abide by Building Rules and Regulations and any work deemed to disrupt tenants or daily operations must be scheduled after building hours. Send completed form to: TenantServicesSkyline@kilroyrealty.com. With questions please call: **425-635-2310**

PROPERTY/BUILDING: SKYLINE TOWER 10900 NE 4th Street, Bellevue, WA

Requestor Information: Person filling and submitting request

Name: _____ Company: _____ Title: _____ Direct Line: _____

Is requestor the tenant? YES NO (If "NO" please specify the Tenant for whom the passdown is being submitted on behalf of below): _____

Tenant: _____ Contact Name: _____ Title: _____ Direct Line: _____

Contractor/Vendor Information: Company performing work

Company Name: _____ Primary On-Site Contact: _____ Direct Line: _____

Secondary On-Site Contact: _____ Direct Line: _____

List of Authorized Subcontractors for Access (on-site contact for subs needed if there is no general contractor oversight)

Sub 1:	Phone: _____	Sub 4:	Phone: _____
Sub 2:	Phone: _____	Sub 5:	Phone: _____
Sub 3:	Phone: _____	Sub 6:	Phone: _____

Certificate of Insurance Delivered to Landlord? Yes No

If No, please deliver valid COI before the work date. A valid COI is required before work can be approved to proceed.

Access Requirements: Check all that apply. Excess Load & Adjacent Access requires additional 2 business days notice (4 days)

Freight Elevator Time: _____ To _____ Elevator Time: _____ To _____ Security Escort Time _____ To _____

Freight Weight Capacity is: _____. Is load in excess? Yes No If Yes, Management reviewed and approved method? Yes No

Adjacent Tenant Space: List floor(s)/Suite(s) _____ Adjacent Tenant(s) Notified by Landlord? Yes No

Service Requirements: Additional conditions requiring KRC approval and coordination

Loading Dock Time: _____ To _____ Comments: _____

Fire System Bypass Time: _____ To _____ Comments: _____

Fire System Test Time: _____ To _____ Comments: _____

Sprinkler Drain/Fill Time: _____ To _____ Comments: _____

Mechanical Room Access Time: _____ To _____ Comments: _____

Domestic Water Shut-off Time: _____ To _____ Comments: _____

Electrical Shut-off Time: _____ To _____ Comments: _____

Core Drill Time: _____ To _____ Core Drill Permit Site Walk Completed X-Ray (if needed)

Hot Work Time: _____ To _____ Comments: _____

Telecom Access Time: _____ To _____ Comments: _____

Bldg. Engineer Service Time: _____ To _____ Comments: _____

Janitorial Service Time: _____ To _____ Comments: _____

HVAC/Lighting Time: _____ To _____ Comments: _____

HVAC/Floor Purge Time: _____ To _____ Comments: _____

Roof Access Time: _____ To _____ Comments: _____

Location of Work:

Building/Floor/Suite	Dates	Times	Floor Access Areas		
			<input type="checkbox"/> Electrical Rm	<input type="checkbox"/> Mechanical Rm	<input type="checkbox"/> Riser Closet
			<input type="checkbox"/> Electrical Rm	<input type="checkbox"/> Mechanical Rm	<input type="checkbox"/> Riser Closet
			<input type="checkbox"/> Electrical Rm	<input type="checkbox"/> Mechanical Rm	<input type="checkbox"/> Riser Closet
			<input type="checkbox"/> Electrical Rm	<input type="checkbox"/> Mechanical Rm	<input type="checkbox"/> Riser Closet

Scope of Work: (Please provide a detailed summary of work to be performed)
