400-444 NORTH CAPITOL STREET

SLAB WORK NOTIFICATION REQUEST FORM

TO:	Trammell Crow (Fax # 202-347-7156)
FROM:	
DATE:	
SUBJECT:	Building / Tenant Construction SLAB WORK
CC:	Maintenance Staff Security Staff Broadcast Tenants
No SI No Co	onstruction schedule is as follows: ab Work Hours (Drilling, Grinding, Shooting, Hammering, etc.): Mon - Fri. 6:00 a.m 8:00 p.m.; Sat - Sun 6:00 a.m 10:00 a.m. onstruction Hours: Mon - Fri. 6:00 a.m 10:00 a.m.; Sat - Sun 6:00 a.m 10:00 a.m. ral Construction Hours: All off-air hours.
We, the cont hours:	ractor, would like permission to work on the concrete / slab during the following
Date:	
Time:	
Contact Nam	e:
Phone #:	
Tenant Name	(where work is taking place):
Suite # (wher	e work is taking place):
<u>Managemen</u>	t Approval (Required):
Tim Richards	son, RPA, Senior Property Manager Date ow Company