

# 131 South Dearborn

## CONSTRUCTION WORK NOTICE

PLEASE DROP THIS FORM OFF TO THE MANAGEMENT OFFICE, SUITE 2801, OR FAX IT TO 312-357-6039

**Check One**

To:  \_\_\_\_\_ Management Office Today's Date: \_\_\_\_\_  
 \_\_\_\_\_ Engineering Dept. Re: \_\_\_\_\_  
 Job #: \_\_\_\_\_

Project Manager: \_\_\_\_\_  
 Cell # \_\_\_\_\_  
 Office # \_\_\_\_\_

The following is a list of contractor/subcontractors who will require building access to the above referenced space on the following date and times. A Certificate of Insurance must be on file with the Building Office.

Contractor/Subcontractor	Contact / Emergency #	Date / Time

**Project Manager/Project Superintendent will be on site as follows:**

PM: \_\_\_\_\_  
 SUP: \_\_\_\_\_

**Description of Work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Engineering Department Required?**      **YES / NO**      **If yes, Description:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Freight and/or Dock Required?**      **YES / NO**      **If yes, Description:**  
 \_\_\_\_\_  
 \_\_\_\_\_