

1200 NINETEENTH

Event Checklist

Tenant Name: _____

Contact Name & Phone Number: _____

Type of Event: _____

Date & Time of Event: _____

Location of Event: _____

Number of guests expected: _____

Will you have the following

deliveries: YES NO Name of Vendor / Delivery Date & Time

*Caterer (Need Certificate of Insurance if serving on-site)	<input type="checkbox"/>	<input type="checkbox"/>	
Furniture Delivery	<input type="checkbox"/>	<input type="checkbox"/>	
Instruments / Band	<input type="checkbox"/>	<input type="checkbox"/>	

Will you need the following:

YES NO

Comments

OT HVAC (<i>billable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Extended Parking Garage Hours (<i>billable</i>)*	<input type="checkbox"/>	<input type="checkbox"/>	
Special Cleaning (<i>billable</i>)*	<input type="checkbox"/>	<input type="checkbox"/>	
On-Duty Security Officer (<i>billable</i>)* (<i>Guests- 75 and Above- Extra Officer Needed</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Trashcans	<input type="checkbox"/>	<input type="checkbox"/>	
Freight Elevator Access	<input type="checkbox"/>	<input type="checkbox"/>	
Restrooms Unlocked	<input type="checkbox"/>	<input type="checkbox"/>	

Special Instructions:

***REMINDER: Please submit all special forms at least 48 hours before your event.**

Please note all billable services will include a 15% administrative fee.