

DOUGLAS EMMETT MANAGEMENT, LLC
1333 2ND STREET

SUITE LOCK OUT-AUTHORIZATION FORM

TENANT NAME: _____ SUITE: _____

Please list all employees and associates to be allowed access to the building in case of lock out after hours and/or on weekends. Please complete this form and submit it to the office of the building at your earliest convenience.

The following people are to be allowed access into the suite/building:

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Please fill in two (2) contact persons that are authorized to give approval incase of suite lock out. **1)**

Name: _____ **Phone #:** _____

2) Name: _____ **Phone#:** _____

*Although these procedures are intended to help improve security, please understand that we **CANNOT** provide assurance that these procedures will be effective in preventing unauthorized entry. The landlord reserves the right to amend/discontinue these procedures at any time with or without notice.

* Security will not provide access after hours and on weekends unless authorized.

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED NAME: _____ TITLE: _____