

## **Employee Access "AUTHORIZATION LIST" Watt Plaza**

Building:	Suite #:		Date:	
Tenant Name:				
	We hereby authorize the following p	ersonnel au	uthority to have access	s to our suite.
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Authorized Suit	e Contact:	-		
(Name)			(Title)	_
(Phone Number)				

Please Note:

Security is not authorized to provide suite access and does not have a master key. It is the obligation of the tenant to keep this contact form current. If you have many employees, please add rows or make a duplicate of this copy. Alphabetical sorting is also available for easy reference.

> Phone: (310) 789-2179 Fax: (310) 203-0225