



# THE BRICKYARD

## VENDOR / CONTRACTOR ACCESS REQUEST FORM (ARF)

TO: PV Campus Parcel 1, L.P.  
 & PV Campus Parcel 2, L.P.  
 Building Management Office  
 12105 West Waterfront Drive #C2-109  
 Los Angeles, California 90094  
 310-862-9779

FROM: Contact Name: Jenny Manriquez  
 Tenant Name: LMU SFTV  
 Suite/Floor: Suite 200  
 Phone Number: 310-338-1615  
 Email: Jenny.Manriquez@lmu.edu  
 Today's Date: \_\_\_\_\_

**REQUESTED 48 HOURS IN ADVANCE OF ANTICIPATED DELIVERY OR SCHEDULED WORK**

### TENANT INFORMATION:

Jenny Manriquez

Requestor Name  
LMU SFTV | Suite 200

Requestor Signature \_\_\_\_\_

Tenant Name / Suite Number  
310-338-1615

Date \_\_\_\_\_

310-291-9944

Office Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

### VENDOR / CONTRACTOR INFORMATION:

Company Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Main Office Number \_\_\_\_\_

Primary Contact Cell Phone Number \_\_\_\_\_

Dates & Times of Access \_\_\_\_\_

- Parcel 1- 12105 W. Waterfront
- Parcel 2- 12126 W. Waterfront
- Other (Specify Below)
- Add to ongoing suite access list

Dates & Times of Access \_\_\_\_\_

Access requested to Suite # and/or areas \_\_\_\_\_

Specific work to be done or items to be delivered \_\_\_\_\_

Loading Zone Required? \_\_\_\_\_ Date(s) \_\_\_\_\_ Times \_\_\_\_\_

Loading Zone Required? \_\_\_\_\_ Date(s) \_\_\_\_\_ Times \_\_\_\_\_

### OFFICE USE ONLY

Insurance Certificate Receive  YES  NO  
 Access Approved  YES  NO

Date: \_\_\_\_\_ Management Initials: \_\_\_\_\_

Access Denied – Reason: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

