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CENTRAL PACIFIC PLAZA
AFTER HOURS AUTHORIZED EMPLOYEES

DATE:		SUITE NO.:
TENANT NAME:		
EMAIL:		
CONTACT NO.:		

THE FOLLOWING AUTHORIZED PERSONNEL LISTED BELOW, HAVE THE APPROVAL TO ACCESS THE CENTRAL PACIFIC PLAZA AND MY COMPANY'S PREMISES DURING NON-BUSINESS HOURS. I HAVE BEEN NOTIFIED THAT ANY EMPLOYEES OR VISITORS OF MY COMPANY FOUND ON PROPERTY DURING NON-BUSINES HOURS, AND NOT LISTED BELOW, WILL BE CONSIDERED TRESSPASSING.

IF YOU NEED ADDITIONAL SPACES, PLEASE ADD ADDITIONAL COPIES OF THIS FORM. ***PAGE*** _____ ***of*** _____

TENANT AUTHORIZED PERSON:	
SIGNATURE:	
TYPE/PRINT NAME & TITLE:	
EMAIL:	
CONTACT NO.:	

PLEASE REMEMBER TO INFORM THE OFFICE OF THE BUILDING PROMPTLY IF THERE ARE ANY CHANGES.