

To: Grubb & Ellis Management
(Please fax prior to 3:00 p.m. @ 503.886.2676)

Requestor Name: _____

Tenant Name: _____

Floor/Location: _____

Vendor or Employee name(s): _____

Purpose: _____

**Will you need the loading dock? Yes No
(If yes, please enter time needed below)

Date: _____ Time: _____ am / pm

Comments: _____

**Please remember to contact Building Management for available dates and times when requesting the loading dock.

Authorized by:

(Please print name)

(Signature)