## **Douglas Emmett**

**Tenant** 

Authorized Person:

Signature:

Type/print name & title:

## SIGNAGE REQUEST FORM

Form CT-03

## **Bishop Place**

To order signage for your suite in the Building, please complete this form, have an authorized person sign it and return it to our Management Office.

Suite No.:	HO-	Date:	
	confirm with us the maximum ch	•	
Please proofrea	d all copy carefully, as we ca	<u>innot</u> be responsible	for errors.
	NAME PLAQUE		
lease print or type exact copy (max 16 characters and spaces and 3 lines)			Suite No.:
	COMPLETE SUITE S	IGN	
Please print or type exact copy (max 16 characters and spaces and 3 lines)			Suite No.:
		<u> </u>	
FLOOR DIRECTORY  lease print or type exact copy (max 16 characters and spaces and 3 lines)			Suite No.:
ase print of type exact copy (max	To characters and spaces and 5 lines)		Suite No
	LOBBY DIRECTOR	Y	•
ase print or type exact copy (ma	ax 16 characters and spaces and 3 lines	)	Suite No.:

If you have any questions, please contact the Office of the Building: **Phone:** 808-599-5009 ~ **Fax:** 808-599-5211 ~ **Email:** bishopmgmt@douglasemmet.com

1132 Bishop Street, Suite 150, Honolulu, HI 96813