



OFFICE EVENT FORM

If you have any questions please feel free to contact our office at (808) 599-5009.
Submit completed form either by: e- mail at bishopmgmt@douglasemmett.com;
Fax to: (808) 599-5211; or drop off at Suite #1404.

TENANT NAME:	DATE:
CONTACT / EVENT COORDINATOR:	
PHONE NO.:	FAX NO.:

NAME OF EVENT:	DATE OF EVENT:
SET UP TIME:	BREAKDOWN TIME:
EVENT START TIME:	EVENT END TIME:
TYPE OF EVENT: ART GALLERY RECEPTION <input type="checkbox"/> FIRST FRIDAY <input type="checkbox"/> OTHER <input type="checkbox"/>	
DESCRIPTION OF EVENT: Please describe your event in the space provided below:	
Expected No. of Guests:	

RESTROOMS:

Tenant must provide their guests with their floor restroom keys. Do **not** leave the restrooms unlocked at any time.

ELECTRICITY:

Use of Electrical Outlets: YES ☐ NO ☐

TRASH CANS:

Number of Trashcans required for your event:

EXTRA TRASH BAGS: YES ☐ NO ☐

Number of Chairs Required:

Number of Tables Required:

OUTSIDE CONTRACTORS:

CATERER: YES ☐ NO ☐ Name: _____

PARTY SUPPLIER: YES ☐ NO ☐ Name: _____

Other: YES ☐ NO ☐ Name: _____

INSURANCE:

VENDORS: Must provide an updated Certificate of Insurance (COI) that covers all areas of the planned event. The certificate must show:

Insurance Limits:

General Liability Insurance \$1,000,000 per Occurrence / \$2,000,000
Aggregate including personal injury, broad from property damage, and
contractual liability coverage.

Additional Insured:

Landlord: DEG, LLC
Manager: Douglas Emmett Management Hawaii, LLC Asset
Manager: Douglas Emmett Management, Inc.

Certificate Holder:

Douglas Emmett Management Hawaii, LLC
1132 Bishop Street, Suite 1404
Honolulu, Hawaii 96813

DELIVERIES:

All materials/equipment/food, etc. must be delivered to the building via the freight elevator. Large deliveries must be scheduled through the Management Office (599-5009) to reserve the freight elevator.

☐ Freight Elevator **NOT** needed.

Freight Elevator Reservations:

DATE	TIME	CONTRACTOR	PURPOSE

AIR CONDITIONING:

☐ After Hours Air Conditioning **NOT** needed.

The building's air conditioning system operates as follows:

Monday – Friday: 6:30 a.m. – 6:30 p.m. Saturday: 8:00 a.m. – 2:00 p.m.

After hours air conditioning can be prescheduled through the management office at 599-5009.

COST IS \$80.00 PER HOUR

After-hours A/C Request:

DATE	START TIME	LENGTH OF TIME	FLOOR

JANITORIAL SERVICES

Nightly janitorial services are performed as follows:

Monday-Thursday: 8:00am - 9:00pm Sunday: 4:00pm – 9:00pm

If you require additional services that are not currently provided please contact the Building Management Office, to discuss possible special arrangements. **These services will be billed at an hourly rate, which is subject to change from time to time.**

Janitorial Services Requested:

DATE	START TIME	END TIME

PARKING:

Estimated number of cars for guests who will park in the building: _____

Valets (Regular hours of operation: Monday - Friday):

All Levels: 7:00 am – 7:00 pm

For 1–25 cars, one valet required; For 26–50 cars, two valets required; For 51–75 cars, three valets required; For 76–100 cars, four valets required.

VALET SERVICE IS \$35 per hour/per level

Parking Services Request:

LOCATION	DATE	START TIME	LENGTH OF TIME

SECURITY:

Building security is on property dedicated to building operations 24 hours a day – 7 days a week.

*Additional security requirements can be prescheduled through the management office (599-5009).

COST IS \$55.00 PER HOUR

Security Services Request:

LOCATION	DATE	START TIME	LENGTH OF TIME

*Certain services may be required by the building due to event size and/or time.

ADDITIONAL COMMENTS OR REQUIREMENTS FOR THIS EVENT:

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- No alcohol beverages.
 - No cooking or open flames allowed.
 - Do not block any fire doors. Do not unlock restroom doors.
 - Double check power requirements/capacity in advance.
 - Table cloths are required on all tables.
 - Clean up and trash removal are the tenant's responsibility – mop all water/liquid's off floors.
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Requests and charges are approved and authorized by:

Signature: _____

Date: _____

Print Name: _____

MANAGEMENT USE ONLY

Approved and authorized by:

Signature: _____

Date: _____

Print Name: _____