



## Event Checklist

Tenant Name:

Contact Name & Phone Number:

Type of Event:

Date & Time of Event:

Location of Event:

Will you have the following deliveries: YES NO Name of Vendor\* / Delivery Date & Time

**Caterer			
Furniture Delivery			
Instruments / Band			

Will you need the following: YES NO Comments

*OT HVAC			
Kastle Cards / Keys			
After Hours Parking			
Special Cleaning			
On-Duty Security Officer			
Trashcans			
Freight Elevator Access			
Restrooms Unlocked on LL and/or PH Level			

Special Instructions:

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**\*REMINDER: Please submit all special forms before your event.**

**\*REMINDER: Please submit Certificates of Insurance for Vendors. Contact the PMO for requirements.**

**\*\*REMINDER: Host Liquor Liability Required if Alcohol is to be served. Contact the PMO for requirements.**