

On-Site Event Form

Please complete the attached form for all event requests. Forms should be submitted to The Office of the Building, Suite 100, no later than one (1) month prior to the event date to allow for proper review, coordination and approval. Management Staff can be reached Monday through Friday, 8:30 a.m. to 5:30 p.m., at (818) 955-7200 or via email at TheTower@worthe.com.

Form Submitted By (Name): _____

Contact Number: _____

Contact Email: _____

EVENT INFORMATION

1) Name of Event: _____

2) Date of Event: _____

3) Department: _____

4) Description of Event: _____

5) Event Location(s): _____

6) Estimated No. of Guests: _____

7) Time of Event (from/to): _____

8) Tear Down Date/Time: _____

9) Day Porter Dates/Time:

Charge Code:

10) Parking Garage Hours (from/to): _____

11) Outside Vendors Providing Services: _____

Outside vendors, including catering, are required to submit a certificate of insurance before an event will be approved

Requirements can be found here: <https://thetowerca.info/main.cfm?sid=services&pid=forms>

12) Props/Decorations/Equipment:

Please provide photos, specifications and layout with traffic and safety plans where applicable.

13) Production/Filming: _____

- Any requests to use haze, smoke, open flame, cooking appliances, or animals will require detailed plans, equipment specs and additional approval time.
- A Temporary Filming Permit from the Burbank Fire Department is required by law for all commercial productions outside of the Nook space.

14) HVAC Requirements: *(Note: Overtime HVAC is billable at \$75 per hour, with a 4-hour minimum, unless otherwise dictated by Lease.)*

Hours of Programming (from/to): _____

15) Additional Notes *(include anything Building Management should be made aware of in advance. e.g. vendor deliveries, bands/djs, lighting/power requirements, generator, use of propane heaters, alcohol to be served, special security requirements, etc.)*

Tenant/Event Planner Contact Info:

On-Site Event Coordinator

Name: _____ Phone #: _____

Secondary Emergency Contact Person

Name: _____ Phone #: _____

I have read and understand the Event Rules, Regulations and Policies and agree to abide by all regulations imposed by Building Management prior to, during and after the event.

Name (Print)	Signature	Date
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Thank you for your cooperation.