## Douglas Emmett

## SIGNAGE REQUEST FORM

Form CT-03

## **Harbor Court**

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

| Tenant Name:                     |                           |                                     | Co                      | ntact Phone #:             |                   |
|----------------------------------|---------------------------|-------------------------------------|-------------------------|----------------------------|-------------------|
| Suite No.:                       | Date:                     |                                     |                         |                            |                   |
|                                  |                           | ve cannot be responsible for en     | r <b>ors</b> . If you a | re not sure, please confir | m with us the     |
| maximum characte                 | rs, including punctuation | n and spaces.  DIRECTORY STRIP      |                         |                            |                   |
| Please print or type exact copy: |                           |                                     |                         |                            | Suite No.:        |
|                                  | , , , , , , ,             |                                     |                         |                            |                   |
|                                  |                           |                                     |                         |                            |                   |
|                                  |                           |                                     |                         |                            |                   |
|                                  |                           |                                     |                         |                            |                   |
|                                  |                           | SUITE IDENTIFICATION S              | SIGN                    |                            |                   |
| Please print or type exact copy: |                           |                                     |                         |                            | Suite No.:        |
| Tenant's Name:                   |                           |                                     |                         |                            |                   |
| Additional Companies:            |                           |                                     |                         |                            |                   |
|                                  |                           |                                     |                         |                            |                   |
| ELEVATOR LOBBY SIGNAGE           |                           |                                     |                         |                            |                   |
| Please print or type exact copy: |                           |                                     |                         |                            | Suite No.:        |
| Tenant's Name:                   |                           |                                     |                         |                            |                   |
| Additional Companies:            |                           |                                     |                         |                            |                   |
| Your account will b              | e billed in accordance v  | vith our standard practices for the | requested se            | rvices, including an admi  | nistrative fee as |
|                                  | party charges. If you ha  | ave any questions about how you     |                         |                            |                   |
| BUILDING MANAGEMENT USE ONLY     |                           |                                     |                         |                            |                   |
| Amount due:                      |                           |                                     | TLA #:                  |                            |                   |
| Signature:                       |                           | Date:                               |                         |                            |                   |
|                                  |                           |                                     |                         |                            |                   |
| Tenant                           | Signature:                |                                     |                         | Date:                      |                   |
| Authorized<br>Person:            | Type/print name & title:  |                                     |                         |                            |                   |

If you have any questions, please contact the Management Office:

Phone: 808-524-4188 Fax: 808-524-4292 Email: <a href="mailto:harborot@douglasemmett.com">harborot@douglasemmett.com</a>
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