



TENANT AUTHORIZATION SIGNATURE

TENANT NAME: _____ FLOOR: _____

TENANT CONTACT: _____

(PERSONS LISTED BELOW ARE AUTHORIZED TO SIGN SECURITY PASSES, PROPERTY PASSES, ETC., FOR OUR FIRM).

PRINT OR TYPE NAME	SIGNATURE

PERSON COMPLETING THIS FORM: _____

DATE: _____

Please make a copy of this form, complete the information and return it to PSP Management LP.

If changes in your office occur, please furnish PSP Management LP with an updated form.