



Welcome To

ATC II

Starr Office Building



2760 EISENHOWER AVE
ALEXANDRIA, VA 22314

Simpson!
Real Estate Services

LEASED AND MANAGED BY
SIMPSON PROPERTIES, LTD
(703) 299-0029

With your new space being occupied in the near future, there are a few items needing your attention so that the move may proceed smoothly. Please send the information requested in items one through thirteen to my attention at your earliest convenience.

1. **Move-in Date.** Please specify the date and time you desire so that we may arrange to have our engineering personnel meet on site to unlock doors and reserve elevators. All move-ins must occur on weekends or after 5:00 p.m. on weekdays.
2. **Telephone & Data.** Our construction department will need to know the location of your phone and data outlets as soon as possible. It is also your responsibility to have both telephone and data cables installed prior to your move-in. You may have that installer contact our offices and we will coordinate the installation.
3. **Signage.** The Landlord will provide you with door signage and directory strips to conform with the building standards. In most cases, your order will be processed and installed within three weeks. There is a charge for any additional signage or changes to signage.

Please fill out the enclosed forms "B" and "C", Directory/Signage order forms, and fax to our office at (703) 299-0020, at your earliest possible convenience. If you should have any questions, please contact our office.

4. **Parking.** Will you require additional parking spaces above those negotiated with your lease agreement? Additional spaces may be leased on a month-to-month basis, if they are available.
5. **Locks and Keys.** Please state the name of each individual who is to receive a building access card, and the number of suite entry keys required on "Form F". Please indicate any other security requirements you might have.
6. **Coordination with Movers.** We will need to know the name of the moving company you plan to use. We also require a copy of the movers Certificate of Insurance naming **2760 EISENHOWER AVENUE** – ATC II Starr Associates and Simpson Properties, Ltd. as additional insured. . Your movers must cover all carpeted, tiled or brick paved areas with protection board to prevent abrasion and buckling under heavy loads.
7. **Mail Delivery.** Please notify the post office and your correspondents of your new mailing address before the actual move-in date.
8. **Air conditioning.** In order to conserve energy, the heating and air conditioning systems are turned off at the end of the day and on weekends. If you require heating and air conditioning after normal business hours or on weekends, please notify the management office on the attached "Request for Overtime" prior to 2 p.m. of the day service is required or 2 p.m. Friday if the service is required on Saturday and/or Sunday. Our current charge is \$25.00 per hour.
9. **Emergency Telephone Numbers.** Please furnish on the attached form "D" two (2) telephone numbers to be used in case of emergency, home telephone numbers preferably. These numbers will be kept in confidence.

In addition, what telephone number would you prefer to have on the building entry security system for after hours visitors to call?

10. Accounting and General Contact with Management. Please furnish the Landlord with the name of the person(s) authorized to represent your company in handling accounting and general information on the attached form "E".
11. **PRIOR to move-in Simpson Properties, Ltd. must have an updated copy of your Certificate of Insurance with 2760 EISENHOWER AVENUE – ATC II Starr Associates and Simpson Properties, Ltd. as additional insured.**

After you have settled into your new offices we will deliver a welcome package which will address in greater detail all building operations and management procedures.

We look forward to working with you in the future and if you require additional information, please feel free to call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Zamer', written in a cursive style.

Fred Zamer

**FORM A
TENANT DECOR SELECTIONS**

Requested By: _____

Tenant Name: _____ Suite #: _____

Please be sure your selections are specific:

Paint Color Selection: _____

Carpet Selection: _____

VCT Color Selection: _____

Additional Decor Selections:

Confirmation by:

Tenant:

_____ Date: _____

Simpson Properties, Ltd.:

_____ Date: _____

PLEASE RETURN COMPLETED FORM TO
SIMPSON PROPERTIES, LTD. BY FAX (703) 299-0020

FORM B
DIRECTORY STRIPS ORDER FORM

Order Placed By: _____

Tenant Name: _____

Suite Number: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Please type/print listing as it is to appear:

PLEASE RETURN COMPLETED FORM TO
SIMPSON PROPERTIES, LTD. BY FAX (703) 299-0020

FORM C
SUITE SIGN ORDER FORM

Order Placed By: _____

Tenant Name: _____

Suite Number: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

There is an additional charge for any upgraded signage, such as, trademarks, logos, etc., and must be approved by Landlord in advance. Please type/print listing as it is to appear:

PLEASE RETURN COMPLETED FORM TO
SIMPSON PROPERTIES, LTD. BY FAX (703) 299-0020

FORM D
EMERGENCY LOCATER
& BUILDING SUITE ENTRY FORM

Person(s) to contact in the event of an emergency. If possible, please provide more than one person.

NAME

EMERGENCY PHONE NUMBER

BUILDING TELEPHONE ENTRY SYSTEM

Tenant Name: _____

Suite No. _____

Date: _____

PLEASE RETURN COMPLETED FORM TO
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FORM E
OWNER / TENANT CONTACT INFORMATION

Please furnish the Landlord with the name of the person(s) authorized to represent your company in handling the following:

COMPANY NAME: _____
BUILDING ADDRESS: _____ **SUITE:** _____
OFFICE PHONE: _____ **FAX PHONE:** _____
WEBSITE ADDRESS: _____

Please provide at least {3} contacts for Emergencies.

Emergency Contact Person #1:

Name: _____
Office Phone: _____
Mobile Phone: _____
Other Phone: _____
E-mail Address: _____

Emergency Contact Person #2:

Name: _____
Office Phone: _____
Mobile Phone: _____
Other Phone: _____
E-mail Address: _____

Emergency Contact Person #3:

Name: _____
Office Phone: _____
Mobile Phone: _____
Other Phone: _____
E-mail Address: _____

Accounting:

Name: _____
Title/Position: _____
Office Phone: _____
Fax Number: _____
E-mail Address: _____

General Contact with Management:

Name: _____
Title/Position: _____
Office Phone: _____
Fax Number: _____
E-mail Address: _____

Address if different from leased premises:

Leasing Contact Signing Lease:

Name: _____
Title/Position: _____
Office Phone: _____
Mobile Phone: _____
E-mail Address: _____

SIMPSON PROPERTIES
REQUEST FOR OVERTIME HEATING/AIR CONDITIONING SERVICE

TENANT:

BUILDING:

SUITE #:

CONTACT PERSON:

PHONE #:

REQUEST FOR A/C OR HEAT AFTER NORMAL BUSINESS HOURS (PLEASE CIRCLE ONE)..

DATE:

BEGIN OVERTIME SERVICE: ____ AM/PM

(CIRCLE BEGINNING AND ENDING AM OR PM)

END OVERTIME SERVICE: ____ AM/PM

ADDITIONAL COMMENTS:

PLEASE PROVIDE OVERTIME HVAC SERVICE REQUEST BY 3:00 P.M. ON THE DATE SERVICE IS REQUESTED.

THANK YOU FOR YOUR COOPERATION.