

# Welcome To Essex Office Building



**333 NORTH FAIRFAX ST  
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 **333 NORTH FAIRFAX STREET** – Domar Properties, LLC 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 \$35.00 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 333 NORTH FAIRFAX STREET – Domar Properties, LLC 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: \_\_\_\_\_

The Landlord will provide you with the initial door signage and directory strips to conform with the building standards. There is a charge for any additional signage or changes to signage.

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: \_\_\_\_\_

The Landlord will provide you with the initial door signage and directory strips to conform with the building standards. There is a charge for any additional signage or changes to signage.

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  
SIMPSON PROPERTIES, LTD. BY FAX (703) 299-0020

**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: \_\_\_\_\_

Address if different from leased premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Contact with Management:**

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

**Leasing Contact Signing Lease:**

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



**FORM F**  
**SECURITY ACCESS CARD ADMINISTRATION FORM**

Suite Number: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Please fill out below the names of each individual to be issued a security access card to the building:

NAME	CARD NO.

Number of suite entry door keys requested:  
 Authorized By:  
 Date:

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

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.