



Welcome To

Wheeler Center Office & Warehouse Building



**3660 WHEELER AVE
ALEXANDRIA, VA 22304**

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 and return 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. Locks and Keys. Please state the name of each individual who is to receive a building key, and the number of suite entry keys required on "Form F". Please indicate any other security requirements you might have.
4. 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 **3660 WHEELER AVENUE - Wheeler Center Associates and Simpson Properties, Ltd. as additional insured.** Policy includes a waiver of subrogation. Your movers must cover all carpeted, tiled or brick paved areas with protection board to prevent abrasion and buckling under heavy loads.
5. Mail Delivery. Please notify the post office and your correspondents of your new mailing address before the actual move-in date.
6. 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.
7. 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.
8. 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".

9. **PRIOR to move-in Simpson Properties, Ltd. must have an updated copy of your Certificate of Insurance with 3660 WHEELER AVENUE – Wheeler Center Associates and Simpson Properties, Ltd. as additional insured. Policy includes a waiver of subrogation. .**

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 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: _____

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.