	83 Hand	over				
Eastma	n Management Dir	ectory Str	ip Request Forn	n		
Tenant Name:						
Building:	23 Vreeland Rd					
Person Requesting Change:						
Date:						
Company Name to Add:						
Individual Names to add Diseas no						
Individual Names to add-Please no						
1						
2						
3. 4						
4						
		Strips @	\$45.00 each	Total:	\$	_
		0po @	ψ10.00 00011	rotal.	Ψ	+ tax
Remove Strips:						7%
1						
2 3						
G						
Please note that the total number of direct share of the total available and is subject:				is of the lease.		
The above names being requested fo	or the directory are for the fo	llowing:				
Main Tenant						
Sub Tenant						
By signing this form you agree to promptly pa	ay Eastman the above specified a	mount and the spe	elling & punctuation of the s	strip is correct.		
Agreed & Accepted By: Signature:						
CC: Accounting Department (Ellen Kron	er)					