TENANT INFORMATION AND EMERGENCY CONTACTS

TENANT: _____

SUITE: _____

ADDRESS: _____

MAILING ADDRESS: _____

PHONE: ( ) _____ FAX: ( ) _____

HOURS OF OPERATION: _____ TO _____

ACCOUNTING CONTACT:

Name: _____ Title: _____

Mailing Address _____

Address City/State Zip

Direct Dial ( ) _____ Extension _____

Email Address: _____

EMERGENCY CONTACTS:

Please indicate which individual(s) are Authorized Representatives ***(a person(s) authorized to request keys, access cards, make changes to building directory, signage and or emergency contacts lists, make service requests, etc.).***

Please indicate whether the following individuals should receive: Manager Emails ***(Lease Sensitive, Legal etc.)*** **and/or Informational Emails** ***(building work, building events, tenant memos, urgent matters that require immediate attention. It will be their responsibility to distribute emails to the appropriate individuals / employees.***

(1) Name: _____ Title: _____

Direct Dial: ( ) _____ Extension _____

Home Phone: ( ) _____

Additional No. ( ) _____

Email Address: _____

☐ Manager Email's ☐ Informational Email's ☐ Authorized Representative

(2) Name: _____ Title: _____

Direct Dial: ( ) _____ Extension _____

Home Phone: ( ) _____

Additional No. ( ) _____

Email Address: _____

☐ Manager Email's ☐ Informational Email's ☐ Authorized Representative

(3) Name: _____ Title: _____

Direct Dial: ( ) _____ Extension _____

Home Phone: ( ) _____

Additional No. ( ) _____

Email Address: _____

☐ Manager Email's ☐ Informational Email's ☐ Authorized Representative

Submitted by: _____ Date: _____

Please Print Name & Title

Revised 8/11

PLEASE RETURN IMMEDIATELY TO THE BUILDING MANAGEMENT OFFICE