



TENANT CONTACT/ EMERGENCY INFORMATION
343 SANSOME STREET

Please complete this form in its entirety, and complete appropriate sections whenever changes in authorized persons occur within your organization. Thank you.

Tenant Information:

Date: _____

Tenant: _____ Floor _____

Billing Address: _____

Office Phone: () _____ Approximate # of employees at this site: _____

Business Hours (weekdays): _____

Business Hours (weekends): _____

Contact Information (Day to day contact for use during business hours):

Primary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Secondary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Accounting Contacts

Please indicate the individual(s) to be contacted regarding Accounting issues, such as: rent, operating expenses, and real estate taxes.

<u>Name</u>	<u>Phone</u>	<u>E-mail</u>
_____	_____	_____
_____	_____	_____

Key Executive Contacts

Please indicate the key executives for your company, and whether they are on or off-site.

<u>Name</u>	<u>Phone</u>	<u>E-mail</u>
_____	_____	_____
_____	_____	_____

Building Services Authorization

Please list the name of the person(s) for/from your office who will be authorized to request building services such as heating, ventilation/air conditioning, lighting, and janitorial services.

<u>Name</u>	<u>Signature</u>	<u>Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signatures

Please list below the names of persons authorized to sign Property Removal Passes.

<u>Name</u>	<u>Signature</u>	<u>Office Phone</u>
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Please list below the names and phone numbers of at least two (2) persons who are to be contacted in case of an after-hours emergency. If possible, please also provide alternate numbers (i.e. cell phone and home number).

<u>Name</u>	<u>Primary/Cell</u>	<u>Secondary/Cell</u>	<u>E-mail</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Security

Please list below the names and phone numbers of any person(s) responsible for your company's security. If possible, please also provide alternate numbers (i.e. cell phone and home numbers).

<u>Name</u>	<u>Title</u>	<u>Cell / Home</u>
_____	_____	_____
_____	_____	_____

Alarm Code: _____

If your suite has an alarm code, please provide so that it can be deactivated in case suite needs to be entered due to an emergency

Floor Wardens

Please designate a floor warden and an alternate for **each floor** to ensure a prompt and orderly response to an emergency situation.

<u>Name</u>	<u>Phone</u>	<u>E-mail</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please email this completed form to the Property Management Office as soon as possible. Thank you!