

343 SANSOME
TENANT CONTACT/ EMERGENCY INFORMATION

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

Tenant Information:

Tenant: _____ Floor _____

Billing Address: _____

Office Phone: () _____ Office FAX: () _____

Date: _____ Approximate # of employees at this site: _____

Business Hours (weekdays): _____

Business Hours (weekends): _____

Contact Information

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>Office Phone</u>
_____	_____
_____	_____

Key Executive Contacts

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

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

Authorized Signatures

Please list below the names of persons authorized to sign After Hours Access forms or 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 pager numbers).

<u>Name</u>	<u>Title</u>	<u>Home / Cell / Pager</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 pager numbers).

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

Floor Wardens

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

Main: _____ Phone () _____

Title: _____ E-mail: _____

Alternate: _____ Phone () _____

Title: _____ E-mail: _____