



Tenant Contact Information Form

Company Name:	Floor/Suite Number:
Main Phone Number:	Number of Employees on-site:
Company Website:	Statement Delivery Email:

On-site Primary Contact

On-site daily contact for misc. management issues and events. Please include a secondary contact in case primary contact is absent.

Primary Contact Name:	Title:	Email:
Direct Phone Number:	Mobile Number:	
Please select access levels: <input type="radio"/> A/P Contact <input type="radio"/> Maintenance Requests <input type="radio"/> After Hours HVAC approval <input type="radio"/> Certificate of Insurance <input type="radio"/> Add/remove parking/bldg. access <input type="radio"/> Building announcements <input type="radio"/> Lease Document access		
Secondary Contact Name:	Title:	Email:
Direct Phone Number:	Mobile Number:	
Please select access levels: <input type="radio"/> A/P Contact <input type="radio"/> Maintenance Requests <input type="radio"/> After Hours HVAC approval <input type="radio"/> Certificate of Insurance <input type="radio"/> Add/remove parking/bldg. access <input type="radio"/> Building announcements <input type="radio"/> Lease Document access		

Emergency Contact

Reasons that the emergency contact would be called: Employee locked out of suite, after hours emergency inside or outside of tenant space requiring tenant notification.

Contact Name:	Title:	Email:
Mobile Phone:	Direct Line:	Home Phone:
Second Contact Name:	Title:	Email:
Mobile Phone:	Direct Line:	Home Phone:

Senior Local Office Contact

On-site decision maker or most senior position in the office. Also the secondary contact for suite access authorization requests, in the event of a personnel lockout.

Contact Name:	Title:
Direct Line:	Mobile Number:
Email address:	

Name of Person Completing Form _____ Date: _____

Authorized Signature _____