Tenant Contact Information Form

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

On-site Daily Contact

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

Daily Contact Name:	Title: Mobile Number:
Direct Phone Number:	Email (required):
Please select one or more access levels. See the attached page for role permissions information. ○ Accounting (2 person maximum per tenant) ○ Executive ○ Primary ○ Administrative ○ Insurance	
Secondary Contact Name:	Title: Mobile Number:
Direct Phone Number:	Email (required):
Please select one or more access levels. See the attached page for role permissions information. ○ Accounting (2 person maximum per tenant) ○ Executive ○ Primary ○ Administrative ○ Insurance	

Accounting Contact/Statement Delivery

Primary contact for statement delivery and payment inquiries. Will automatically receive Accounting level access on the tenant portal.

Accounting Contact Name:	Title:
Direct Phone Number:	Email (required):
Please select additional access levels if desired. See the attached page for role permissions information. **X** Accounting (2 person maximum per tenant) ○ Executive ○ Primary ○ Administrative ○ Insurance	

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. The secondary contact for suite access authorization requests, in the event of a personnel lockout.

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

Tenant Contact Information Form

ABM Parking Validation Account Manager (Sweb Validate)

Primary contact to place and manage parking validation requests and add authorized users to the validation account.

Contact Name:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	

Suite Fire Warden

On-site contact designated to oversee suite evacuation procedures in the event of an emergency. Will attend the annual Fire Warden Training. Please designate one primary Fire Warden and one alternate, who would manage these responsibilities in the absence of the primary warden.

Fire Warden Contact Name:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	
Alternate Warden Contact Name:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	

◯ Check if third page is included.

Name of Person Completing Form   _____   Date: _____

Leaseholder Signature   _____

Tenant Contact Information Form

Additional Contacts for Tenant Portal Access

Please see the attached page for permissions levels.

Additional Contact Name:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	
Please select one or more access levels. See the attached page for role permissions information. ○ Accounting (2 person maximum per tenant) ○ Executive ○ Primary ○ Administrative ○ Insurance		
Additional Contact Name 2:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	
Please select one or more access levels. See the attached page for role permissions information. ○ Accounting (2 person maximum per tenant) ○ Executive ○ Primary ○ Administrative ○ Insurance		
Additional Contact Name 3:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	
Please select one or more access levels. See the attached page for role permissions information. ○ Accounting (2 person maximum per tenant) ○ Executive ○ Primary ○ Administrative ○ Insurance		

Tenant Portal Access Removal

Please list the names of those contacts you would like to have removed from the tenant portal

Contact Name:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	
Please select one or more access levels. See the attached page for role permissions information. ○ Remove All Access ○ Accounting ○ Executive ○ Primary ○ Administrative ○ Insurance		
Contact Name 2:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	
Please select one or more access levels to be removed. See the attached page for role permissions information. ○ Remove All Access ○ Accounting ○ Executive ○ Primary ○ Administrative ○ Insurance		
Contact Name 3:	Title:	Mobile Number:
Direct Phone Number:	Email (required):	
Please select one or more access levels to be removed. See the attached page for role permissions information. ○ Remove All Access ○ Accounting ○ Executive ○ Primary ○ Administrative ○ Insurance		

Tenant Portal Roles and Access Levels

Access Available	Accounting (max 2)	Executive	Primary	Administrative	Insurance
Announcements	✓	✓	✓	✓	✓
Property Contact Information	✓	✓	✓	✓	✓
Property Documents			✓	✓	✓
Maintenance Requests			✓	✓	
Amenity Reservations			✓	✓	
Insurance Uploads			✓		✓
Lease Profile	✓	✓	✓		
Lease Documents (includes rent statements)	✓	✓	✓		
Account Activity	✓	✓			