TENANT CONTACT INFORMATION

Company: _____
Physical Address: _____
Mailing Address: _____
Main Telephone: _____ **Fax:** _____
Type of Business (e.g., oil field, consulting, etc)**:** _____

Tenant Authorized Person: (Authorized to approve access cards, billable work orders etc. and receive official building notices)

Name: _____ **Title:** _____
Telephone: _____ **Is this number a Direct Line?** ☐ Yes ☐ No
E-mail address: _____

Tenant Coordinators (2): (Calls in hot/cold HVAC requests and other misc. work orders, utilizes IMPAK system)

Name: _____ **Title:** _____
Telephone: _____ **Is this number a Direct Line?** ☐ Yes ☐ No
E-mail address: _____
Name: _____ **Title:** _____
Telephone: _____ **Is this number a Direct Line?** ☐ Yes ☐ No
E-mail address: _____

Tenant Accounting Contact:

Name: _____ **Title:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **Is this number a Direct Line?** ☐ Yes ☐ No
Fax: _____ **E-mail address:** _____

Tenant Emergency Contacts:

Please list **AT LEAST** three (3) people with your Company we can contact in case of a building emergency during and after business hours.

Name	**Mobile Telephone**	**Email Address**
1.		
2.		
3.		

Tenant Recycling Champion: (Receives all office recycling-related emails)

Name: _____ **Title:** _____
Telephone: _____ **Is this number a Direct Line?** ☐ Yes ☐ No
E-mail address: _____

Please drop off or email this form to the Property Management Office