



TENANT CONTACT & EMERGENCY INFORMATION

OFFICE USE ONLY: Document Received: _____

Company Name: _____

Building & Suite #: _____

Phone: _____ **Fax:** _____

DAY TO DAY OPERATIONS

Please provide us with an updated list of your **personnel who are authorized** to sign for any requests on behalf of your company. This would include items such as additional keys, security card requests, after hours HVAC usage and repairs of non-building standard items.

Contact #1: _____ **Phone:** _____ **Email:** _____

Contact #2: _____ **Phone:** _____ **Email:** _____

AFTER-HOURS & EMERGENCY CONTACT

Please list the names and telephone numbers of people within your organization who would like to be notified in the event of an **after-hour emergency** that affects your space. These telephone numbers are kept confidential, and will only be used in case of an emergency.

Contact #1: _____ **Email:** _____

Phone: _____ **Cell:** _____

Contact #2: _____ **Email:** _____

Phone: _____ **Cell:** _____

Contact #3: _____ **Email:** _____

Phone: _____ **Cell:** _____

RENTAL PAYMENT & LEASE INQUIRIES CONTACT:

Please list below the names and phone numbers of the person(s) responsible for your company's financial and lease obligations.

Contact: _____ **Phone:** _____ **Email:** _____

Contact: _____ **Phone:** _____ **Email:** _____

PHYSICALLY IMPAIRED EMPLOYEES

Please list all physically impaired employees. Physically impaired is defined as anyone who cannot travel five (5) flights of stairs or who would impede the progress of others. **For multiple floor tenants, please list the employee's floor number.**

Name: _____ **Buddy:** _____ **Location/Floor:** _____

Name: _____ **Buddy:** _____ **Location/Floor:** _____

Name: _____ **Buddy:** _____ **Location/Floor:** _____

FLOOR WARDEN INFORMATION

Please list your emergency response personnel or floor warden. This person would assist in providing basic response and employee assistance during a building emergency. **For multiple floor tenants, please provide us with a separate sheet with additional floor warden information.**

Floor Warden #1: _____ **Floor:** _____ **Phone:** _____

Floor Warden #2: _____ **Floor:** _____ **Phone:** _____

Runner: _____ **Phone:** _____

Relocation Area: _____ **Estimate number of employee at relocation area:** _____

TENANT POPULATION SURVEY

Please provide the following information for all floors and suites your organization occupies within the building. We are collecting this information in order to update the buildings Fire Warden checklist, personnel count and the ongoing ENERGY STAR energy performance rating.

Total # of Employees: (the average # of full-time employees working in the building during normal business hours)	Floor	# of Employees	Total # of Computers: (# of computers in occupied areas - including laptops, desktops, and servers)
	_____	_____	
_____	_____	_____	_____
_____	_____	_____	_____

Please feel free to provide us with a separate sheet if you would like to list additional names or information for your company.