

# 920 Memorial City Way

## 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
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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**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