



# TENANT EMERGENCY CONTACT 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:** \_\_\_\_\_

## 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** which 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 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.

**Name:** \_\_\_\_\_ **Type of Limitation:** \_\_\_\_\_ **Location/ Floor:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Type of Limitation:** \_\_\_\_\_ **Location/ Floor:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Type of Limitation:** \_\_\_\_\_ **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.

**Employee:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_ **Is this person certified in CPR/First Aid?** \_\_\_\_\_

**Employee:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_ **Is this person certified in CPR/First Aid?** \_\_\_\_\_

## 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:	Floor	# of Employees	Total # of Computers:
(the average # of full-time employees working in the building during normal business hours)	_____	_____	(# 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.