



TENANT CONTACT INFORMATION

Please complete this form in its entirety and update the appropriate sections whenever changes in authorized persons occur within your organization. Retain a copy for your reference. Contact the Building Office for an electronic copy of this form. Thank you.

Tenant Company Name:	
Suite Number:	Email Address:
Main Office Phone:	Main Office Fax:

Day to Day Operations

Please list the persons that will have access to the Angus system. For more information about Angus please contact the building office.

Main Contact Name and Title:	Email:	
Direct Office	Home Phone:	Cellular:
Authorized to Approve Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Second Contact:	Email:	
Direct Office	Home Phone:	Cellular:
Authorized to Approve Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

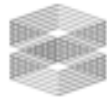
After Hours Emergency Contact Information

Please list below the names and phone numbers of at least two (2) persons who are to be contacted in case of emergency after working hours.

Main Contact Name and Title:	Email:	
Cellular:	Cellular Provider: (used for texting purposes)	
Home Phone:	Other:	

Second Contact Name and Title:	Email:	
Cellular:	Cellular Provider: (used for texting purposes)	
Home Phone:	Other:	

Third Contact Name and Title:	Email:	
Cellular:	Cellular Provider: (used for texting purposes)	



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Home Phone:	Landline Other:
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Fire/Safety Wardens Contact Information
 Please list below the names and phone numbers of at least two (2) persons who are to be contacted in case of emergency after working hours.

Main Contact Name and Title:	Email:
Cellular:	Cellular Provider: (used for texting purposes)
Home Phone:	Other:

Second Contact Name and Title:	Email:
Cellular:	Cellular Provider: (used for texting purposes)
Home Phone:	Other:

Third Contact Name and Title:	Email:
Cellular:	Cellular Provider: (used for texting purposes)
Home Phone:	Landline Other:

Rental Payment & Lease Inquires Contact:
 Please list below the names and phone numbers of the person(s) responsible for financial and lease items.

Main Contact Name and Title:	Title:
Direct Office	Fax Phone:
Email Address:	Address (if different than above)

Main Contact Name and Title:	Title:
Direct Office	Fax Phone:
Email Address:	Address (if different than above)



TENANT CONTACT INFORMATION

Disabled Employees (Please include the temporarily disabled)

Please list all individuals with any disabilities. It is extremely important that this information be updated frequently. Please inform the management office of any changes in an employee's disability status.

Name:		Email:	
Office Phone:		Cellular:	
Type of Disability or Assistant Needed (i.e. hearing impaired, limited mobility, etc...)		Location/ Floor:	

Name:		Email:	
Office Phone:		Cellular:	
Type of Disability or Assistant Needed (i.e. hearing impaired, limited mobility, etc...)		Location/ Floor:	

If you require more persons to be listed than there is space here, please feel free to provide us with a separate sheet.

COMMENTS/NOTES:

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