



TENANT CONTACT FORM
TEN ALMADEN

Tenant Name:
Building Address: Suite #:
Main Phone #: Main Fax #:
Type of Business:
Number of Employees On-site:

Daily Contact/Office Manager

Name:
Title:
Office Phone: ext.
Email Address:

Executive Contact (decision maker for leasing issues, etc.)

Name:
Title:
Office Phone: ext.
Email Address:

Accounts Payable Contact

Name:
Title:
Office Phone: ext.
Email Address:

Please check this box if you would like copies of all rent related correspondence/invoices sent to an off-site accounting address. Please provide address below:

Address:
City, ST, Zip:

Service Requestors

Please list individuals who are authorized to request services from the Management Office. The service contact person(s) shall be authorized to incur charges on behalf of the tenant for all building services (other than construction services.) We will only accept work orders or requests from the contacts listed below.

Please Print

1) Name:
Email Address:

X
Signature

2) Name:
Email Address:

X
Signature



Memo Contacts (via Email)

Occasionally, the Management Office will disseminate information such as memos to our tenants via e-mail. Please list one or two main contacts for your office. This person(s) will be responsible for forwarding the information to all of the employees in your office.

1st Email Contact

Name: _____

Office Phone: _____ ext. _____

Email Address: _____

2nd Email Contact

Name: _____

Office Phone: _____ ext. _____

Email Address: _____

Form completed by:

Name: _____ Title: _____ Date: _____

PLEASE BE SURE TO UPDATE THE MANAGEMENT OFFICE WITH ANY CHANGES TO THE INFORMATION ON THIS FORM. THANK YOU.

After-Hour Emergency Contacts

The Management Office is requesting names and telephone numbers from your company for after hour emergencies. Please list two (2) people and their telephone numbers in the order you would like us to attempt contact. These numbers will be included in a company-wide information database.

1st Contact

Name: _____

Title: _____

Home Phone: _____

Cellular Phone/Pager: _____

2nd Contact

Name: _____

Title: _____

Home Phone: _____

Cellular Phone/Pager: _____

Emergency Coordinator

Please appoint one person to serve as *Emergency Coordinator* for your office. This person will be responsible for ensuring that all employees are evacuated safely in the event of a building emergency.

Employee Name: _____

Department: _____ Work Schedule: _____

Office Phone #: _____ Ext. _____

Is the Emergency Coordinator presently certified in CPR/First Aid? Yes No

Alarm Information

If your suite is equipped with an alarm system, please provide the information below.

Location of Alarm Panel: _____

Alarm Code: _____ (on) / _____ (off)

Alarm Monitoring Company: _____ Phone: _____

Special Instructions: _____
