

EMERGENCY Contact Form

10100
SANTA MONICA

Company: _____

Suite: _____

Number of Employees: _____

Date: _____

Main #: _____

Fax #: _____

Name of Individual Completing Form: _____

The following individuals are authorized to act on behalf of the above-named firm in their respective capacities.

1. Executive Contacts: Individuals are designated as the primary contacts in the event of a building emergency with authority to make decisions on office evacuations and any other Life Safety measures.

A. Name: _____
Work: _____
Home #: _____
Cell #: _____
Email: _____

B. Name: _____
Work: _____
Home #: _____
Cell #: _____
Email: _____

2. Day Contacts: Individuals are authorized to request maintenance, sign for property removal passes, after-hours access, key orders, overtime HVAC, access card additions/deletions and overtime services.

A. Name: _____
Work: _____
Home #: _____
Cell #: _____
Email: _____

B. Name: _____
Work: _____
Home #: _____
Cell #: _____
Email: _____

Authorized to Order Billable Services:
Yes No

Authorized to Order Billable Services:
Yes No

3. After Hours Contacts: Individuals are authorized by your firm to provide us with information regarding after-hours activity in your Suite

A. Name: _____
Work: _____
Home #: _____
Cell #: _____
Email: _____

B. Name: _____
Work: _____
Home #: _____
Cell #: _____
Email: _____

Authorized to Order Billable Services:
Yes No

Authorized to Order Billable Services:
Yes No

4. Power Outage Contacts: Individuals are designated as the primary contacts in the event of a building power outage (usually IT Support)

A. Name: _____
Work: _____
Home #: _____
Cell #: _____
Email: _____

B. Name: _____
Work: _____
Home #: _____
Cell #: _____
Email: _____

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5. Lease/Rent Contacts: Individual should be responsible for your office location with authorization to receive and process notifications regarding rent/lease issues

A.	Name: _____	B.	Name: _____
	Work: _____		Work: _____
	Home #: _____		Home #: _____
	Cell #: _____		Cell #: _____
	Email: _____		Email: _____
	Address: _____		Address: _____
	_____		_____

6. Recipient of Invoice Contacts: Individual is responsible for receiving, approving and paying invoices (Does not include the Rent Letter)

A.	Name: _____	B.	Name: _____
	Work: _____		Work: _____
	Home #: _____		Home #: _____
	Cell #: _____		Cell #: _____
	Email: _____		Email: _____
	Address: _____		Address: _____
	_____		_____

7. Email Correspondence Contacts: Employees authorized to receive communications e-mailed by the Property Management Office

A.	_____	B.	_____
C.	_____	D.	_____
E.	_____	F.	_____

8. Floor Warden / Suite Monitors: Individuals have been designated by your firm to assist other employees in the event of an emergency situation. These individuals must attend a life safety seminar provided by the Property Management Office (minimum of two)

A.	Name: _____	B.	Name: _____
	Work: _____		Work: _____
	Home #: _____		Home #: _____
	Cell #: _____		Cell #: _____
	Email: _____		Email: _____
C.	Name: _____	D.	Name: _____
	Work: _____		Work: _____
	Home #: _____		Home #: _____
	Cell #: _____		Cell #: _____
	Email: _____		Email: _____

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SUB-TENANT INFORMATION

9. Sub-tenant Contacts:

Office / Suite:

A. Name: _____ B. Name: _____
Work: _____ Work: _____
Home #: _____ Home #: _____
Cell #: _____ Cell #: _____
Email: _____ Email: _____

Please add to building's email distribution List

Yes No

10. Sub-tenant Contacts:

Office / Suite:

A. Name: _____ B. Name: _____
Work: _____ Work: _____
Home #: _____ Home #: _____
Cell #: _____ Cell #: _____
Email: _____ Email: _____

Please add to building's email distribution list

Yes No

11. Sub-tenant Contacts:

Office / Suite:

A. Name: _____ B. Name: _____
Work: _____ Work: _____
Home #: _____ Home #: _____
Cell #: _____ Cell #: _____
Email: _____ Email: _____

Please add to building's email distribution list

Yes No

12. Sub-tenant Contacts:

Office / Suite:

A. Name: _____ B. Name: _____
Work: _____ Work: _____
Home #: _____ Home #: _____
Cell #: _____ Cell #: _____
Email: _____ Email: _____

Please add to building's email distribution list

Yes No