BUILDING SERVICES CONTACT

Tenant Name			
Building	6464 ☐ 6565 ☐ check box	Suite #	
Name			
	PRINT (must be authorized signatory)	Signature	
Date			

Primary Building Services Contact:

Name		Title	
Office #		Email	
Mobile #		Alternate #	

Secondary Building Services Contact:

Name		Title	
Office #		Email	
Mobile #		Alternate #	

Tertiary Building Services Contact: **(if applicable)**

Name		Title	
Office #		Email	
Mobile #		Alternate #	

Contact Person to Receive Rent Statements/Receipts:

Name		Email	

Fire Life Safety Representative AND/OR Floor Warden #1:

Name		Email	

Fire Life Safety Representative AND/OR Floor Warden #2:

Name		Email	

AUTHORIZED PERSONNEL LIST TO ACCESS PREMISES

The following personnel listed below is/are authorized to access the premises at the above-referenced suite in case of an accidental lock out, lost key, or after normal business hours.

This list shall supersede any and all previously submitted lists and authorizations.

Authorized Personnel	Mobile #	Email