## **Tenant Name:** Building: 6464 - 6565 (circle one) Suite No.: Name: PRINT (must be authorized signatory) Signature Date: **Primary Building Services Contact:** Name: Title: Phone No.: Email: Mobile No.: Home No.: **Secondary Building Services Contact:** Title: Name: Phone No.: Email: Mobile No.: Home No.: Tertiary Building Services Contact: (if applicable) Name: Title: Phone No.: Email: Mobile No.: Home No.: Contact Person to Receive Rent Payment Receipts: Name: Email: **AUTHORIZED PERSONNEL LIST TO ACCESS PREMISES** The following personnel listed below is/are authorized to access the premises and the above-referenced suite in case of an accidental lock out, lost key, or after normal business hours.

**BUILDING SERVICES CONTACT**