

To provide us with information about your operations, please complete this form, have an authorized person sign it and return it to the Management Office.

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|---------------------|--|-------------------------|
| Tenant Name: | | Contact Phone #: |
| Suite No.: | | Date: |

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|---|-----------------|----------------------|-----------------------------------|
| Physical Address: | | Main Phone #: | |
| Billing Address: <i>(if different from above)</i> | | After Hours Phone #: | |
| Type of Company: | Business Hours: | _____ a.m. | to _____ p.m. M – F |
| Number of Employees at this location: | | _____ a.m. | to _____ p.m. Weekends & Holidays |
| Do you have an alarm system? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Permit #: | |
| Name of Alarm/Security Company: | | Phone #: | |
| <i>(If you would like to add Security to your call list, be sure your alarm/security company has the appropriate information)</i> | | | |
| Please inform your Alarm/Security Company whenever Reg 4/evacuation drills are scheduled for the Building. | | | |

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|----------------------------------|--------------------------|--|
| Tenant Authorized Person: | Signature: | |
| | Type/print name & title: | |

Please remember to inform us promptly if there are any changes.