TENANT INFORMATION FORM

Douglas Emmett

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.

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

Physical Address:	Main Phone #:				
Billing Address:	After Hours Phone #:				
(if different from above)					
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	No 🗌	Permit #:			
Name of Alarm/Security Company:	Phone #:				
(If you would like to add Security to your call list, be sure your alarm/security company has the appropriate information) Please inform your Alarm/Security Company whenever Reg 4/evacuation drills are scheduled for the Building.					

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

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

If you have any questions, please contact the Management Office: Phone: 808-524-4188 Fax: 808-524-4292 Email: <u>harborct@douglasemmett.com</u> 55 Merchant Street, Suite B-100, Honolulu, HI 96813