



TENANT CONTACT INFORMATION

DATE: _____

TENANT NAME: _____ SUITE #(s): _____

Alternate/Corporate Name: _____

Subtenant Of (If Applicable): _____

PRIMARY/DAILY CONTACT: Person to contact concerning updates via email and with general questions.

PRIMARY

ALTERNATE

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

If offsite: _____

If offsite: _____

Address: _____

Address: _____

City, State & Zip: _____

City, State & Zip: _____

Reception Phone: _____

SERVICE REQUESTORS: People authorized to request services for which the tenant will be charged.

Please enter all service requests through www.tenanthandbooks.com

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

TENANT NAME: _____ SUITE: _____

LEASE CONTACTS: Person to contact concerning lease issues.

PRIMARY

ALTERNATE

Name: _____ Name: _____
Title: _____ Title: _____
Phone: _____ Phone: _____
Email: _____ Email: _____
If offsite: _____ If offsite: _____
Address: _____ Address: _____
City, State & Zip: _____ City, State & Zip: _____

ACCOUNTING CONTACTS: Person to contact concerning rent and other billing issues.

PRIMARY

ALTERNATE

Name: _____ Name: _____
Title: _____ Title: _____
Phone: _____ Phone: _____
Email: _____ Email: _____
If offsite: _____ If offsite: _____
Address: _____ Address: _____
City, State & Zip: _____ City, State & Zip: _____

TENANT NAME:

SUITE #:

ONSITE EMPLOYEES: Please provide a list of all onsite employees. Also, please note individuals to be listed in the building directory, as well as individuals who should receive after hour access. Attach additional pages if necessary.

Name	Email Address	Directory Listing?	After-Hour Access Card?

Elevator Lobby Listing - Please call for pricing
Suite Door Listing - Please call for pricing

TOTAL # OF ONSITE EMPLOYEES: _____

Please return these forms via email to 20southclarkadmin@wilkow.com

EMERGENCY CONTACT & EVACUATION FORM

CURRENT DATE: _____

TENANT: _____

SUITE#: _____

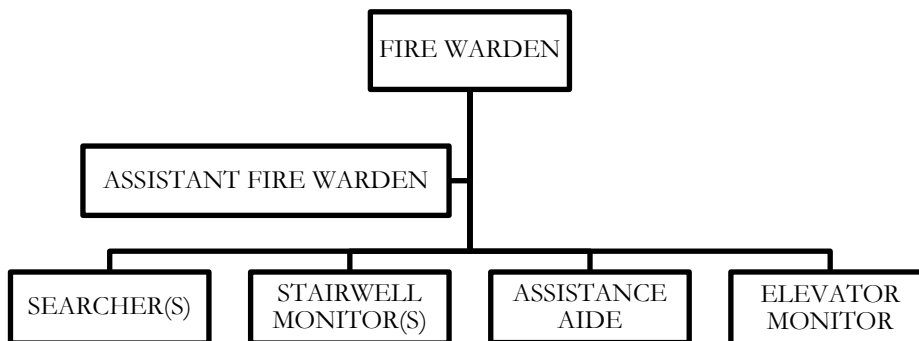
NUMBER OF EMPLOYEES: _____

NUMBER OF PERSONS NEEDING ASSISTANCE: _____

NOTE: YOU MUST SUPPLY THE OFFICE OF THE BUILDING WITH UPDATES AS THEY OCCUR.

EMERGENCY CONTACTS – PLEASE PRINT

NAME	OFFICE PHONE	EMERGENCY PHONE (mobile and/or home)



EMERGENCY EVACUATION TEAM MEMBERS – PLEASE PRINT

RESPONSIBILITY	NAME	OFFICE TELEPHONE #
FIRE WARDEN		
ASSISTANT FIRE WARDEN		
SEARCHER		
SEARCHER		
SEARCHER		
STAIRWELL MONITOR		
STAIRWELL MONITOR		
ASSISTANCE AIDE		
ELEVATOR MONITOR		