



**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](http://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](mailto:20southclarkadmin@wilkow.com)

## EMERGENCY CONTACT & EVACUATION FORM

CURRENT DATE: \_\_\_\_\_

TENANT: \_\_\_\_\_

SUITE#: \_\_\_\_\_

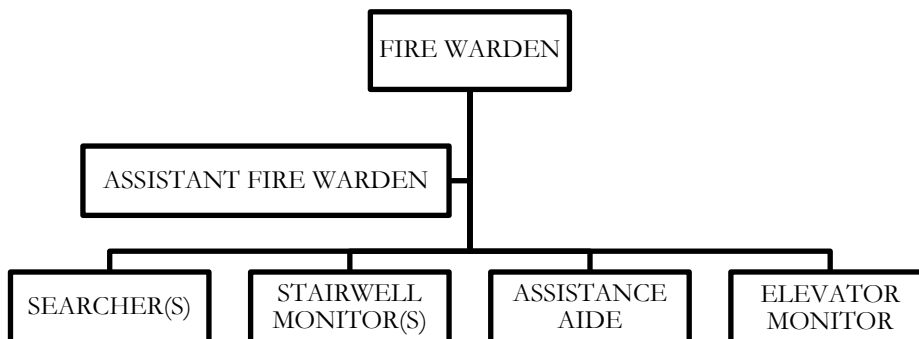
NUMBER OF EMPLOYEES: \_\_\_\_\_

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		