



TENANT INFORMATION FORM

TENANT NAME: _____

LEGAL LEASE CONTACT

Person to contact concerning lease issues, renewals, expansion options, rights of first refusal, tenant notices / escalation notices etc.

NAME: _____

TITLE: _____

OFFICE #: _____

EMAIL: _____

MAILING ADDRESS:

TENANT CONTACT

Person to contact concerning daily maintenance cleaning, lock repairs, air-conditioning adjustments, electrical shutdowns, notification of holiday schedules, building activities, etc. Tenant Contact has access to Building Engines, work order system. *(Note: additional alternate contacts may be added)*

Primary:

NAME: _____

TITLE: _____

OFFICE#: _____

CELL#: _____

EMAIL: _____

Alternate:

NAME: _____

TITLE: _____

OFFICE#: _____

CELL#: _____

EMAIL: _____



CERTIFICATE OF INSURANCE CONTACT

Primary:

NAME: _____
 TITLE: _____
 OFFICE#: _____
 CELL#: _____
 EMAIL: _____

ADMINISTRATION / ACCOUNTING

Address for notification of changes in rent, operating expense reconciliation, miscellaneous invoices such as overtime air, metered utilities, above standard services, etc.

NAME: _____
 TITLE: _____
 OFFICE#: _____
 CELL#: _____
 EMAIL: _____

ADDRESS (If different than building address):

EMERGENCY CONTACTS

People to contact concerning security access control. These people may authorize admittance to the leased space after hours.

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
OFFICE#: _____	OFFICE#: _____
CELL#: _____	CELL#: _____
EMAIL: _____	EMAIL: _____

In the event of any changes to contact information, please email a revised copy of this form to Rachel.fechter@am.jll.com.



FIRE WARDEN / DEPUTY FIRE WARDEN & SEARCHER CONTACTS

Tenant designated personnel who are assigned to participate in our building’s fire safety programs, procedures and training.

Note: Single-Floor tenants, please include 3 Deputy Wardens and 4 Searchers (2 male, 2 female)

Fire Warden:

NAME: _____
OFFICE#: _____
CELL#: _____
EMAIL: _____

Deputy Fire Warden:

NAME: _____
OFFICE#: _____
CELL#: _____
EMAIL: _____

Searcher (Male):

NAME: _____
OFFICE#: _____
CELL#: _____
EMAIL: _____

Searcher (Female):

NAME: _____
OFFICE#: _____
CELL#: _____
EMAIL: _____

NOTE – ALL INFORMATION HELD IN CONFIDENCE AND USED FOR BUILDING MANAGEMENT PURPOSES ONLY.



TENANT HOLIDAY FORM

Please indicate whether your company will be open or closed on the below listed holidays.

	Open		Closed
New Year's Day			
Martin Luther King			
President's Day			
Good Friday			
Memorial Day			
July 4th			
Labor Day			
Yom Kippur			
Columbus Day			
Veterans Day			
Thanksgiving Day			
Day After Thanksgiving			
Christmas Eve (observed day)			
Christmas Day			
New Year's Eve (observed day)			