

Memorial City Plazas

TENANT CONTACT INFORMATION

Company: _____

Physical Address: _____

Main Telephone: _____

Type of Business (e.g., oil field, consulting, etc.): _____

Tenant Authorized Person: (Authorized to approve access cards, parking, fitness center agreements, billable work orders and receive memorandums)

Name: _____ Title: _____

Telephone: _____

E-mail address: _____

Tenant Coordinators (2): (Submits hot/cold HVAC requests and other misc. work orders via Rise)

Name: _____ Title: _____

Telephone: _____

E-mail address: _____

Name: _____ Title: _____

Telephone: _____

E-mail address: _____

Tenant Accounting Contact:

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail address: _____

Tenant Emergency Contacts:

Please list **AT LEAST** three (3) people with your company we can contact in case of a building emergency during and after business hours.

| Name | Mobile Telephone | Email Address |
|------|------------------|---------------|
|------|------------------|---------------|

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| 1. | _____ | _____ |
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| 2. | _____ | _____ |
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| 3. | _____ | _____ |
|----|-------|-------|

Tenant Recycling Champion:

Name: _____ Title: _____

Telephone: _____

E-mail address: _____

Please email form to denise.zapata@mcityoffice.com.