

Memorial City Plazas

TENANT CONTACT INFORMATION

Company: _____

Physical Address: _____

Mailing Address: _____

Main Telephone: _____ Fax: _____

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

Tenant Authorized Person: (Authorized to approve access cards, billable work orders etc. and receive official building notices)

Name: _____ Title: _____

Telephone: _____ Is this number a Direct Line? Yes No

E-mail address: _____

Tenant Coordinators (2): (Calls in hot/cold HVAC requests and other misc. work orders, utilizes IMPAK system)

Name: _____ Title: _____

Telephone: _____ Is this number a Direct Line? Yes No

E-mail address: _____

Name: _____ Title: _____

Telephone: _____ Is this number a Direct Line? Yes No

E-mail address: _____

Tenant Accounting Contact:

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Is this number a Direct Line? Yes No

Fax: _____ 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. _____	_____	_____
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Tenant Recycling Champion: (Receives all office recycling-related emails)

Name: _____ Title: _____

Telephone: _____ Is this number a Direct Line? Yes No

E-mail address: _____

Please drop off or email this form to the Property Management Office