

# 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 waivers, 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. _____	_____	_____
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**Tenant Recycling Champion:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please email the form to [veronica.delatorre@mcityoffice.com](mailto:veronica.delatorre@mcityoffice.com).