

ONSITE CONTACT

Company Name: _____

Suite(s) #: _____

Office Phone #: _____

Fax #: _____

On-site Contact Person #1: _____

Title: _____

E-mail address: _____

Direct Phone #: _____

On-site Contact Person #2: _____

Title: _____

E-mail address: _____

Direct Phone #: _____

Total number of Employees: _____

ANGUS WORK ORDER CONTACTS

Angus Anywhere is the property's online work order system. If different from those listed above, list below individual(s) designated for inputting service requests.

Contact Person #1: _____

Email address: _____

Direct Phone #: _____

Contact Person #2: _____

E-mail address: _____

Direct Phone #: _____

AFTER-HOURS EMERGENCY CONTACT

Is there an alarm system? Yes / No If yes, instructions for entry/code: _____

In the event of an after-hours emergency involving your space, who in your organization do we notify?

Name: _____ Phone: _____

Name: _____ Phone: _____

BILLING INFORMATION

Company Name: _____ Attention: _____

Address: _____

City/State/Zip: _____ Direct Phone #: _____

For Eco-billing provide e-mail address for Accounts Payable: _____

FIRST RESPONDER / FIRE WARDEN

Please list the person(s) within your organization that will serve as First Responder/Tenant Warden in the event of an emergency during normal business hours. Full floor tenants should have at least five. Use an additional sheet of paper to provide their names.

Fire Warden #1: _____

Phone #: _____

Alternate Phone #: _____

Fire Warden #2: _____

Phone #: _____

Alternate Phone #: _____

Fire Warden #3: _____

Phone #: _____

Alternate Phone #: _____

PHYSICALLY CHALLENGED

Please list the names of any physically challenged employees in your office. A person with a physical challenge is anyone who will need assistance walking down stairs.

Name: _____ Type of Limitation: _____

Name: _____ Type of Limitation: _____

Name: _____ Type of Limitation: _____