

TENANT CONTACT FORM

**Douglas
Emmett**



Tenant Name: _____ Suite # _____

Type of Business: _____ Number of Employees: _____

Main Phone #: _____ Main Fax #: _____

Main E:mail: _____

Emergency Contacts (After Hours)

Please list three (3) people and their contact information (phone, e:mail) in the order you would like us to attempt contact. These numbers will be kept strictly confidential.

Primary Contact

_____	_____
Primary Contact	Evening Phone #
_____	_____
E:MAIL	Alternate Phone # or Pager

1st Alternate Contact

_____	_____
1 st Alternate Contact	Evening Phone #
_____	_____
E:MAIL	Alternate Phone # or Pager

2nd Alternate Contact

_____	_____
2 nd Alternate Contact	Evening Phone #
_____	_____
E:MAIL	Alternate Phone # or Pager

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Service Contacts

Please list individuals who are authorized to request services from the Management Office. The service contact person(s) shall be authorized to incur charges on behalf of the tenant for all building services (other than construction services.) *We will only accept work orders or requests from the Tenant Authorized Contacts noted on this form.*

Print Name	Signature
1. _____	X _____
2. _____	X _____
3. _____	X _____

Business Contacts

Please provide us with information for the following contacts for your office at 1901 Avenue of the Stars:

_____	_____
Office Manager	Phone / E:mail
_____	_____
Executive Contact	Phone / E:mail
_____	_____
Accounting Contact	Phone / E:mail

Property Removal Authorization Contacts

Please list at least two (2) persons authorized to sign property removal passes which allow for removal of equipment /furnishings from your office.

Print Name	Signature
1. _____	X _____
2. _____	X _____
3. _____	X _____

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Please provide us with the address to which rent statements should be mailed, *if other than the local office*:

Name: _____

Address: _____

City, State Zip: _____

Floor Wardens / Suite Monitors

Finally, we would like to establish your Emergency Response Personnel. Floor Wardens (full-floor tenants) and Suite Monitors (multi-tenant floors) will assist in providing basic response and employee assistance during a building emergency. *Please designate one individual to act in this capacity.*

Employee: _____

Department: _____

Work Schedule: _____

Work Phone #: _____

Extension #: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Response Person presently certified in CPR/First Aid?

Yes

No

Please list all physically impaired employees in your office. (Physically impaired is defined as anyone who cannot travel five (5) flights of stairs or who would impede the progress of others.)

Name / Department

Type of Limitation

Name / Department

Type of Limitation

Name / Department

Type of Limitation

Approved by: _____

Primary Tenant / Office Manager

Date: _____

PLEASE RETURN THIS FORM TO THE MANAGEMENT OFFICE