



TENANT INFORMATION & EMERGENCY CONTACT FORM

Please complete this form and return via email to downtowndoral@codina.com. In order for us to contact you in the event of an emergency during the weekend or after-hours, please provide us with the names and phone numbers of the appropriate persons in your company who are authorized to grant access and make decisions in case of an emergency. **Please remember to continually update this information whenever there are changes in office personnel or emergency contact numbers.**

GENERAL INFORMATION				
Company Name:				
Bldg Address & Suite #:				
Main Office Phone #:		Main Office Fax #:		
Office Hours:		# of Employees in this Location:		
OFFICE MANAGER				
Name:				
Email:				
Office Phone #:		Cell Phone #:		
ACCOUNTS PAYABLE CONTACT(S)				
Name:				
Email:				
Office Phone #:		Office Fax #:		
LEASE/LEGAL CONTACT				
Name:				
Email:		Office Phone #:		
Change of Legal/Notice Address:				
EMERGENCY CONTACT #1				
Name:				
Email:				
Cell Phone #:				
EMERGENCY CONTACT #2				
Name:				
Email:				
Cell Phone #:				
EMERGENCY CONTACT #3				
Name:				
Email:				
Cell Phone #:				
SERVICE REQUESTS				
Please list employees who are designated to enter service requests in Angus on behalf of the company. Please note these individuals shall be authorized to approve tenant bill-backs/charges on behalf of the company.				
Name:		Email:	Phone #:	
Name:		Email:	Phone #:	
Name:		Email:	Phone #:	

Authorized Representative's Name: _____

Signature: _____ Date: _____