



TENANT CONTACT INFORMATION

For our files, it is important that we identify employees in your company that we will need to interact with during your tenancy. Please indicate the names of the individuals in your firm that should be contacted for these various responsibilities listed below. If we have omitted a name or key position, please feel free to add.

Please be sure to update whenever any of these contact names or information changes.

Date: _____

Company: _____

Suite #: _____

TENANT LIAISON:

Name: _____

Title: _____

Phone: _____ Cell: _____

Email: _____

WORK ORDER AUTHORIZATION:

Name: _____

Title: _____

Phone: _____ Cell: _____

Email: _____



BILLABLE WORK ORDER AUTHORIZATION:

Name: _____

Title: _____

Phone: _____ Cell: _____

Email: _____

RENT PAYMENTS/ACCOUNTING:

Name: _____

Title: _____

Phone: _____ Cell: _____

Email: _____

Billing Statement Preference:

Electronic _____

Paper _____

Both _____

IT MAINTENANCE:

Name: _____

Title: _____

Phone: _____ Cell: _____

Email: _____



AFTER-HOURS EMERGENCY CONTACTS:

In the event of an emergency after hours, we will start with the first contact below and continue until we reach someone from your company. We would then expect that individual to disseminate information accordingly within your firm. It is important that each person understands his or her responsibility in this regard.

CONTACT #1

Name: _____

Title: _____

Home Phone: _____ Cell: _____

Email: _____

CONTACT #2

Name: _____

Title: _____

Home Phone: _____ Cell: _____

Email: _____

CONTACT #3

Name: _____

Title: _____

Home Phone: _____ Cell: _____

Email: _____

Please return completed form to: wwilliams@lpc.com as soon as possible and prior to move-in.