114 W 41st Street
Tenant Contact Information Form

Note: Tenant is required to update this information <u>quarterly</u> (or as data changes) and resubmit this form to the Property Management Office.

Company:	_____	**Suite or Floor Number:**	_____
Main Phone Number:	_____	**Main Fax Number:**	_____
Primary Contact:	_____	**Email Address of Primary Contact:**	_____
Nature of Business:	_____	**Completed By:**	_____
Date Completed:	_____	**Number of Employees (day and night):**	_____

<u>Additional Company Contacts (provide name and email):</u>

Local Decision Maker: _____

Accounting/Billing Contact: _____

Work Order Request Contact: _____

Work Order Request Contact 2: _____

The following individuals are to be contacted, in the order they appear, in the event of a **Day-Time Emergency:**

Name	Title	Home Phone	Cell Phone	Email Address

The following individuals are to be contacted in the event of an **After-Hours Emergency:**

Name	Title	Home Phone	Cell Phone	Email Address

114 W 41st Street
Tenant Floor Emergency Teams

Note: Tenant is required to update this information <u>quarterly</u> (or as data changes) and resubmit this form to the Property Management Office.

Floor #:		
Floor Emergency Team/Position	**Name, Office Phone and Email of Designated Person**	**Name, Office Phone, and Email of Alternate**
Area Warden		
Floor Leader(s)		
Elevator/Stairwell Monitors		
Aids to Disabled Persons		
Searchers (minimum 2)		
Communicator Between Floor Leaders (if applicable)		

Floor #:		
Floor Emergency Team/Position	**Name, Office Phone and Email of Designated Person**	**Name, Office Phone, and Email of Alternate**
Area Warden		
Floor Leader(s)		
Elevator/Stairwell Monitors		
Aids to Disabled Persons		
Searchers (minimum 2)		
Communicator Between Floor Leaders (if applicable)		

Please copy and repeat use of this form for tenancy in excess of two floors.

114 W 41st Street
Persons Requiring Assistance

Note: Tenant is required to update this information <u>quarterly</u> (or as data changes) and resubmit this form to the Property Management Office.

First and Last Name	Floor #	Location on Floor	Email Address and Office Phone Number	Type of Disability or Assistance Needed