

NEWMARK

TENANT CONTACT & EMERGENCY FORM

Please indicate the name and cell/home number of three (3) individuals from your suite as authorized individuals to be contacted by management in the event of an after-hours emergency or security authorization. Emergency contacts will receive communication alerts.

Company: _____ Suite #: _____

Main Phone #: _____

(This number will be used by Security for visitor clearance)

On-Site Office Contact Person: _____

Email Address: _____

After Hours Contacts to be notified in case of Emergency or Security Authorization:

1) Name: _____

Title: _____ Cell #: _____

Email Address: _____

2) Name: _____

Title: _____ Cell #: _____

Email Address: _____

3) Name: _____

Title: _____ Cell #: _____

Email Address: _____

Form Completed by: Print Name: _____

Signature: _____ Date: _____

Note: All Authorized Individuals have full authority to request building access, parking access, and other billable work order requests.