

THE TOWERS

EMERYVILLE

AUTHORIZATION AND EMERGENCY CONTACT FORM

COMPANY NAME: _____ PHONE: _____

LEASED PREMISES _____
ADDRESS: _____

CONTACTS:	NAME:	E-MAIL:	BUS. PHONE:
General Partner or CEO:	_____	_____	_____
Day to Day Operating Mgr:	_____	_____	_____
Leasing Contact:	_____	_____	_____
Accounting Contact:	_____	_____	_____

EMERGENCY CONTACTS: Please list below in order of priority the names and home and cellular telephone numbers of persons we may contact, at our sole discretion, after-hours in case of emergency or. **PLEASE LIST AT LEAST TWO CONTACTS!**

NAME	HOME #	CELL #	OFFICE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Power Outages: Do you wish for someone to be contacted? Yes or No (circle one)

Name: _____ Name: _____
Contact Phone#: _____ Contact Phone#: _____

Alarm Codes/Instructions: If your suite is secured by an alarm system and/or card reader, please provide the alarm codes and any SPECIFIC access instructions. (ie. Alarm key pad location, pass code, key or card access preference for building staff access, enter through back/front door, etc.)

Codes: _____

Special Instructions: _____

Does your suite have card reader access? Yes or No (circle one)

If so, how do you prefer building staff enter your suite? Key or Access Card Yes or No (circle one)

Is there a specific entrance where access is only permitted? If so, please specify here _____

Hours of Operation (days/times) : _____

Does your office recognize any Holidays in which your office will be closed? If so, please list below.

POPULATION:

Please list the number of employees you currently have in your office: _____

Authorized By:

Name

Signature

Date

Title