

## Tenant Contact Form

**Date:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Main Phone #: \_\_\_\_\_

Est. # of Employees: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact (Back-Up):**

Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Floor Captain:**

Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Assigned Location: \_\_\_\_\_

**Floor Captain:**

Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Assigned Location: \_\_\_\_\_

**Floor Captain:**

Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Assigned Location: \_\_\_\_\_

**Floor Captain:**

Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cellular Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Assigned Location: \_\_\_\_\_

**Floor Captain:**

Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

**Floor Captain:**

Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_  
Cellular Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Assigned Location: \_\_\_\_\_

Home Phone #: \_\_\_\_\_  
Cellular Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Assigned Location: \_\_\_\_\_

**Location of evacuation assembly area:** \_\_\_\_\_

**Back-up location assembly area:** \_\_\_\_\_

**Does your company have a shelter-in-place plan (yes/no):** \_\_\_\_\_

**If yes, list the location(s) of shelter-in-place area(s) and phone #s (if available):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list the names of any employees or regular visitors who have disabilities and identify the needs and the individual's office location within the suite should they need assistance in an emergency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_