

900 WEST HASTINGS

TENANT CONTACT INFORMATION

SECTION A CONTACT INFORMATION (for Day to Day Operations)	
Tenant Name: _____	Suite Number: _____
Contact Person: _____	
Position: _____	
Phone: _____	Direct Line: _____
Fax: _____	E-mail: _____

SECTION B EMERGENCY CONTACT INFORMATION (After Hours)	
<p>The persons below will only be contacted in case of an <u>after-hours</u> emergency. We will call the #1 contact first, and only proceed to the #2 person (and #3 respectively) if we cannot reach the first person.</p>	
#1	Name: _____
	Res.Phone: _____ Cellular: _____
	Pager: _____ Other: _____
#2	Name: _____
	Res.Phone: _____ Cellular: _____
	Pager: _____ Other: _____
#3	Name: _____
	Res.Phone: _____ Cellular: _____
	Pager: _____ Other: _____
<p><u>Additional Information</u> (i.e. alarm system monitoring company, phone, system number)</p> <p>_____</p> <p>_____</p> <p>_____</p>	

TENANT AUTHORIZATION	
<p>_____</p> <p>date</p>	<p style="text-align: center;">X _____</p> <p style="text-align: center;">authorized signatory</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">name and position</p>