



CENTERVIEW

EMERGENCY & ADMINISTRATIVE CONTACT FORM

PLEASE EMAIL THE MANAGEMENT OFFICE AS UPDATES OCCUR.
PLEASE BE ASSURED THAT THIS INFORMATION WILL REMAIN CONFIDENTIAL.

DATE: _____

GENERAL INFORMATION

COMPANY NAME: _____
 TYPE OF BUSINESS: _____
 ADDRESS: _____
 TELEPHONE: _____ FAX: _____
 PRIMARY CONTACT: _____ TITLE: _____
 CONTACT EMAIL: _____
 HOURS OF OPERATION: _____
 NUMBER OF EMPLOYEES: _____
 SECURITY ALARM COMPANY: _____
 SECURITY ALARM CODE: _____

EMERGENCY CONTACTS

In the event of an emergency, please list two persons who can be contacted **after hours**.

1 CONTACT NAME: _____ TITLE: _____
 CELL PHONE: _____ PHONE 2: _____

2 CONTACT NAME: _____ TITLE: _____
 CELL PHONE: _____ PHONE 2: _____

MAILING/BILLING INFORMATION

BILLING ADDRESS: _____
(if different from lease)

ACCOUNTING CONTACT NAME: _____
 ACCOUNTING CONTACT EMAIL: _____
 ACCOUNTING CONTACT PHONE: _____

AUTHORIZED CONTACTS

Please list those persons authorized to request and sign for **billable services** (i.e. key/lock service, after-hours air conditioning, engineering services, etc.) and/or request and grant **after-hours access** to the suite.

| NAME: | EMAIL: | SUITE ACCESS | BILLABLE SERVICES |
|-------|--------|--------------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

MEMORANDUM CONTACTS

Please list those persons that should be included on our memorandum distribution list

NAME: _____ EMAIL: _____
 NAME: _____ EMAIL: _____
 NAME: _____ EMAIL: _____
 NAME: _____ EMAIL: _____
 NAME: _____ EMAIL: _____