

## TENANT INFORMATION AND CONTACTS



*The information contained in this form is for the sole use of Fourth & Madison Property Management and Security; this information will not be released to other parties.*

### TENANT OFFICE INFORMATION

Reception/Office Hours: \_\_\_\_\_ Fax: \_\_\_\_\_

Elevator Schedule: \_\_\_\_\_

Delivery Floor: \_\_\_\_\_

Service Elevator Schedule: \_\_\_\_\_

### TENANT SERVICE CONTACTS

In the space provided below, please indicate a person and an alternate that your firm will designate as the Tenant Service Contacts. Tenant Service Contacts will be contacted with information regarding building notices,

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

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

#### Alternate:

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

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

#### After Hours:

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

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

### LEASE/RENT CONTACT:

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

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

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

### INVOICE CONTACT:

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

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

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

***Please notify the Hines Property Management Office immediately, at 206.262.4100, if there are any personnel changes in your company that might affect the above information.***



## FLOOR WARDENS



Tenant: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Suite: \_\_\_\_\_

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### FLOOR WARDENS

In the space provided below, please designate two (2) employees and an alternate, per floor, that will function as Floor Wardens for your firm. Floor Wardens will receive training and information regarding life safety procedures at Fourth & Madison and will be responsible for implementing life safety procedures in emergency situations.

1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Location/Office: \_\_\_\_\_

2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Location/Office: \_\_\_\_\_

3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Location/Office: \_\_\_\_\_

#### Alternate:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Location/Office: \_\_\_\_\_

***Please notify the Hines Property Management Office immediately, at 206.262.4100, if there are any personnel changes in your company that might affect the above information.***

## EMERGENCY CONTACTS



Tenant: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Suite: \_\_\_\_\_

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### EMERGENCY CONTACTS

In the space provided below, please list the Emergency Contacts for your firm. Emergency Contacts will be contacted by the Property Management Office in the event of an emergency or an after-hours problem. If the primary contact cannot be reached, the next person on the list will be contacted.

*\*In the event that a decision regarding the closure of your firm is necessary, please indicate, with an asterisk, a person or persons within your firm that should be contacted.*

1 Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_

2 Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_

3 Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_

### IT/SERVER CONTACT

Name: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_

***Please notify the Hines Property Management Office immediately, at 206.262.4100, if there are any personnel changes in your company that might affect the above information.***

# PHYSICALLY IMPAIRED PERSONS



Tenant: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Suite: \_\_\_\_\_

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## PHYSICALLY IMPAIRED PERSONS

In the space provided below, please list all physically impaired employees (please also include temporarily impaired employees). Per the Seattle Fire Departments requirements, please designate two (2) able-bodied assistants to assist each physically impaired employee during emergency situations.

\_\_\_\_\_ We do **not** have any physically impaired employees at the present time.

\_\_\_\_\_ We do have physically impaired employees, as listed below:

EMPLOYEE

\_\_\_\_\_  
1 \_\_\_\_\_  
(Assistant)

2 \_\_\_\_\_  
(Assistant)

EMPLOYEE

\_\_\_\_\_  
1 \_\_\_\_\_  
(Assistant)

2 \_\_\_\_\_  
(Assistant)

EMPLOYEE

\_\_\_\_\_  
1 \_\_\_\_\_  
(Assistant)

2 \_\_\_\_\_  
(Assistant)

EMPLOYEE

\_\_\_\_\_  
1 \_\_\_\_\_  
(Assistant)

2 \_\_\_\_\_  
(Assistant)

**Please notify the Hines Property Management Office immediately, at 206.262.4100, if there are any personnel changes in your company that might affect the above information.**

## VENDORS AND DELIVERIES



Tenant: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Suite: \_\_\_\_\_

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### VENDORS AND DELIVERIES

In the space provided below, please identify regularly scheduled vendors and/or deliveries to your suite.

1 Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Delivery Schedule: \_\_\_\_\_ Scope of Service: \_\_\_\_\_

2 Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Delivery Schedule: \_\_\_\_\_ Scope of Service: \_\_\_\_\_

3 Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Delivery Schedule: \_\_\_\_\_ Scope of Service: \_\_\_\_\_

4 Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Delivery Schedule: \_\_\_\_\_ Scope of Service: \_\_\_\_\_

5 Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Delivery Schedule: \_\_\_\_\_ Scope of Service: \_\_\_\_\_

	SAMPLE	Contact	Contact	Contact	Contact	Contact
Last Name	Doe					
First Name	John					
Title	CEO					
Company Name	Hines					
Floor Number	18					
Suite Number	1850					
Floor Warden	Yes					
CPR Certified	Yes					
<b>CONTACT INFORMATION:</b>		CALL ORDER: indicate the order you would like the numbers called (i.e. 1 = first, 4 = last)	CALL ORDER: indicate the order you would like the numbers called (i.e. 1 = first, 4 = last)	CALL ORDER: indicate the order you would like the numbers called (i.e. 1 = first, 4 = last)	CALL ORDER: indicate the order you would like the numbers called (i.e. 1 = first, 4 = last)	CALL ORDER: indicate the order you would like the numbers called (i.e. 1 = first, 4 = last)
Cell/Mobile call order	206-555-6666 1					
Home call order	206-555-7777 2					
Office (Direct Dial) Extension call order	206-555-8888 1234 1					
Other Phone call order	206-555-9999 3					
Primary E-Mail	<a href="mailto:john.doe@hines.com">john.doe@hines.com</a>					
Secondary E-Mail	<a href="mailto:test123@abc.com">test123@abc.com</a>					
Blackberry Pin	123F56B4@blackberry.se ndwordnow.com					
Group Designation <i>(choose one per contact, per company)</i> Decision Maker 1 Corp. Security Decision Maker 2 IT Contact Decision Maker 3 Facility or Office Manager	Decision Maker 1					
<b>Emergency Types</b>		<i>(place an X next to each emergency type that the contact should be notified)</i>	<i>(place an X next to each emergency type that the contact should be notified)</i>	<i>(place an X next to each emergency type that the contact should be notified)</i>	<i>(place an X next to each emergency type that the contact should be notified)</i>	<i>(place an X next to each emergency type that the contact should be notified)</i>
Airborne Release <i>Chemical, Biological, Radiological, &amp; Nuclear Release</i>	X					
Bomb Threat	X					
Explosion						
Fire						
Hazardous Material Spill						
Natural Disasters <i>Earthquake, Flooding, High Winds, Tsunami, Winter Storms</i>	X					
Utility Failure						
Workplace Violence						