

To provide us with information about the individuals you have authorized for various purposes, please complete this form, have an authorized person sign it and return it to the Office of the Building.

Tenant Name:		Contact Phone #:	
Suite No.:		Date:	

THE FOLLOWING PERSONS ARE DESIGNATED TO ACT ON BEHALF OF THE TENANT AS SPECIFIED BELOW:

Name	Title	Phone	Cell	Email
<input type="checkbox"/> Order billable services and access cards <input type="checkbox"/> Lease related matters <input type="checkbox"/> Emergency contact <input type="checkbox"/> Accounting/Billing <input type="checkbox"/> Other _____				
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If you need more space, please add additional copies of this form.

Tenant Authorized Person:	Signature:	
	Type/print name & title:	

Please remember to inform us promptly if there are any changes.