

To provide us with information about your operations, 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:	

Physical Address:		Main Phone #:	
Billing Address: <i>(if different from above)</i>		After Hours Phone #:	
Type of Company:	Business Hours:	_____ a.m. to _____ p.m.	M – F
Number of Employees at this location:		_____ a.m. to _____ p.m.	Weekends & Holidays
Do you have an alarm system? Yes <input type="checkbox"/> No <input type="checkbox"/>		Permit #:	
Name of Alarm/Security Company:		Phone #:	
<i>(If you would like to add Security to your call list, be sure your alarm/security company has the appropriate information)</i>			
Please inform your Alarm/Security Company whenever Reg 4/evacuation drills are scheduled for the Building.			

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

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