

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.

<b>Tenant Name:</b>		<b>Contact Phone #:</b>	
<b>Suite No.:</b>		<b>Date:</b>	

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 Number:	
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>			
<b>Please inform your Alarm/Security Company whenever Reg 4/evacuation drills are scheduled for the Building.</b>			

<b>Tenant Authorized Person:</b>	Signature:	
	Type/print name & title:	

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