

Tenant Emergency Contact Form

Company Name: _____ **Suite #:** _____

Main Office Telephone #: _____ **Fax #:** _____

Primary Tenant Contact: _____ **Phone #:** _____

Alternate Tenant Contact: _____ **Phone #:** _____

A. After Hours Tenant emergency Contacts: All tenant contacts must have access codes and/or keys their suite(s).

Please list three (3) names, in order of priority:

- **Primary Contact:** _____ Title: _____
Home phone #: _____ Mobile #: _____ Pager #: _____
E-mail address: _____
- **Secondary Contact:** _____ Title: _____
Home phone #: _____ Mobile #: _____ Pager #: _____
E-mail address: _____
- **Alternative Contact:** _____ Title: _____
Home phone #: _____ Mobile #: _____ Pager #: _____
E-mail address: _____

B. Personnel Requiring Assistance:

	<u>Name</u>	<u>Type of Disability</u>	<u>Direct Dial #</u>	<u>Suite/Room#</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

C. CPR Certified or First-Aid Trained:

	<u>Name</u>	<u>Type of Training</u>	<u>Direct Dial #</u>
Primary Contact:	_____		
Secondary Contact:	_____		

D. Tenant Safety Warden:

	<u>Name</u>	<u>Direct Dial #</u>	<u>Suite/Room #</u>
Primary Safety Warden:	_____		
Secondary Safety Warden:	_____		

Other information you would like us to know:

Please note it is the tenant's responsibility to submit this information to the property management office, and to inform them of any personnel changes.

~ All personal information is kept strictly confidential