



Queen's Park West

TENANT CONTACT INFORMATION

| SECTION A CONTACT INFORMATION (for Day to Day Operations) | |
|---|---------------------|
| Tenant Name: _____ | Suite Number: _____ |
| Contact Person: _____ | |
| Position: _____ | |
| Phone: _____ | Direct Line: _____ |
| Fax: _____ | E-mail: _____ |

| SECTION B EMERGENCY CONTACT INFORMATION (After Hours) | |
|---|-----------------|
| The persons below will only be contacted in case of an after-hours emergency. We will call the #1 contact first, and only proceed to the #2 person (and #3 respectively) if we cannot reach the first person. | |
| #1 Name: _____ | |
| Res.Phone: _____ | Cellular: _____ |
| Pager: _____ | Other: _____ |
| #2 Name: _____ | |
| Res.Phone: _____ | Cellular: _____ |
| Pager: _____ | Other: _____ |
| #3 Name: _____ | |
| Res.Phone: _____ | Cellular: _____ |
| Pager: _____ | Other: _____ |
| Additional Information (i.e. alarm system monitoring company, phone, system number) | |
| _____ | |
| _____ | |
| _____ | |

| TENANT AUTHORIZATION | |
|----------------------|---------------------------------|
| _____ | X _____ authorized signatory |
| _____ | _____ |
| date | name and position |