

**1888 CENTURY PARK EAST  
TENANT DAYTIME & AFTER-HOUR CONTACT INFORMATION**

**I. General Information**

Tenant Name: \_\_\_\_\_ Sub-Tenant of: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reception Floor: \_\_\_\_\_ All Suite #'s: \_\_\_\_\_ Location: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_   
**Tenant Space Alarm:**  No  Yes (please complete following\*)   
 \*Location / Description: \_\_\_\_\_ \*Hours in Use: \_\_\_\_\_   
 \*Alarm Company: \_\_\_\_\_ \*Phone: \_\_\_\_\_

**II. Daytime Contact Information** (\*check box if contact is to receive building notifications and announcements via email)

	Name	*	Title	Direct Phone #	E-mail Address (Required)
1 Primary Contact:	_____	<input type="checkbox"/>	_____	_____	_____
2	_____	<input type="checkbox"/>	_____	_____	_____
3	_____	<input type="checkbox"/>	_____	_____	_____
4	_____	<input type="checkbox"/>	_____	_____	_____
5	_____	<input type="checkbox"/>	_____	_____	_____

Please include contact information for executive(s) responsible for tenant lease; these individuals will not receive daily communication from Building Management:

6	_____	<input type="checkbox"/>	_____	_____	_____
7	_____	<input type="checkbox"/>	_____	_____	_____

**III. After-Hour Contact Information** (list in order to be called in case of an emergency and/or after-hour access approval is required)

	Name	Emergency Phone: Mobile	Emergency Phone: Mobile 2	Emergency Phone: Home	Email Address (Required)
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

**IV. Angus Online Service Request Administrator** (authorized to set-up additional users and approve billable building service requests)

	Name	Title	Direct Phone #	Email Address (Required)
1	_____	_____	_____	_____
2	_____	_____	_____	_____

**IV. ACS Online HVAC Request Administrator** (authorized to set-up additional users and approve billable HVAC requests)

	Name	Title	Direct Phone #	Email Address (Required)
1	_____	_____	_____	_____
2	_____	_____	_____	_____

**V. Emergency Response Team**

	Name	Direct Phone #	E-mail Address (Required)
1 <b>RJ Westmore Administrator</b> (Online Fire Life/Safety Program)	_____	_____	_____
2 <b>Floor Warden:</b>	_____	_____	_____
3 <b>Alternate Floor Warden:</b>	_____	_____	_____

**VI. Accounting Contacts**

	Name	Direct Phone #	E-mail Address (Required)
1 <b>Accounts Payable:</b>	_____	_____	_____
Rent & Sundries statements should be forwarded to:	Mailing Address: _____	_____	_____
2 <b>Operating Expenses:</b>	_____	_____	_____
Calculations should be forwarded to:	Mailing Address: _____	_____	_____