

CLIENT CONTACT FORM



EMAIL FORM TO: mlsservice@cadillacfairview.com

BUSINESS NAME _____

ADDRESS _____

_____ SUITE/PO BOX _____

TELEPHONE _____

NATURE OF BUSINESS _____

CORPORATE WEBSITE _____

DAILY OFFICE CONTACTS (i.e. Facility Manager, Office Manager, V.P. Administration, etc.)
Note: Please ensure at least of the listed contacts has network oversight (i.e. Director IT, Workplace Operations, etc.)

NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

SENIOR EXECUTIVE CONTACT (President, CEO, Managing Director, etc.)

NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

SECURITY/LIFE SAFETY CONTACTS (Passcard Authorization Forms, etc.)

AUTHORIZED SIGNATORIES – NAME	TELEPHONE	SIGNATURE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

CLIENT CONTACT FORM (CONT'D)



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AFTER-HOURS EMERGENCY CONTACTS.

NOTE: A Minimum of three contacts are required. Please ensure at least one of the contacts is available to respond afterhours at all times.

NAME

RESIDENTIAL TELEPHONE

1 _____

2 _____

3 _____

MASS NOTIFICATION SYSTEM CONTACTS (if applicable)

1 NAME _____

2 NAME _____

WORK TELEPHONE _____

WORK TELEPHONE _____

HOME TELEPHONE _____

HOME TELEPHONE _____

CELL _____

CELL _____

EMAIL _____

EMAIL _____

3 NAME _____

4 NAME _____

WORK TELEPHONE _____

WORK TELEPHONE _____

HOME TELEPHONE _____

HOME TELEPHONE _____

CELL _____

CELL _____

EMAIL _____

EMAIL _____

EVACUATION WARDENS

1 _____

5 _____

2 _____

6 _____

3 _____

7 _____

4 _____

8 _____

PLEASE EMAIL COMPLETED FORM TO mlsservice@cadillacfairview.com

COMPLETED BY:

NAME: _____ DATE: _____

UPDATE AUDIT: To ensure the validity of the information provided – this form must be updated on a quarterly basis. If there are no changes, please date and sign below.

NO CHANGES. REVIEW DATE: _____ REVIEWED BY: _____

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