TENANT CONTACT FORM

EMAIL FORM TO: 160frontsecurity@cadillacfairview.com

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BUSINESS NAME _____

ADDRESS _____

_____ SUITE/PO BOX _____

TELEPHONE _____

NATURE OF BUSINESS _____

CORPORATE WEBSITE _____

DAILY OFFICE CONTACTS (i.e. Facility Manager, Office Manager, etc.)

For regular building operations updates and access requests
Note: Please ensure at least one of the listed contacts has network oversight (i.e. Director IT, Workplace Operations, etc.)

1 NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

2 NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

3 NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

4 NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

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

NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

AUTHORIZED PASSCARD REQUEST CONTACTS

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

TENANT CONTACT FORM (CONT'D)

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AFTER-HOURS EMERGENCY CONTACTS

For all after-hours emergencies and access requests (Mon-Fri 6pm-6am; Weekends; Holidays)

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	AFTER HOURS TELEPHONE
1	_____	_____
2	_____	_____
3	_____	_____

SEND WORD NOW CONTACTS

Mass notification used for building-wide emergencies. Those on the list will be notified with details of the incident. Messages may come at any time of the day/night.

1 NAME _____
WORK TELEPHONE _____
HOME TELEPHONE _____
CELL _____
EMAIL _____

2 NAME _____
WORK TELEPHONE _____
HOME TELEPHONE _____
CELL _____
EMAIL _____

3 NAME _____
WORK TELEPHONE _____
HOME TELEPHONE _____
CELL _____
EMAIL _____

4 NAME _____
WORK TELEPHONE _____
HOME TELEPHONE _____
CELL _____
EMAIL _____

EVACUATION FIRE & PRA WARDENS

1 NAME _____ EMAIL _____ PHONE _____

2 NAME _____ EMAIL _____ PHONE _____

3 NAME _____ EMAIL _____ PHONE _____

4 NAME _____ EMAIL _____ PHONE _____

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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