

TENANT CONTACT FORM

EMAIL FORM TO: cf-tec-office-property-management@cadillacfairview.com

TORONTO
EATON
CENTRE

A  PROPERTY

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 (Mon-Fri 7am-7pm)

Note: Please ensure at least one 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 _____

AUTHORIZED PASSCARD REQUEST CONTACTS

AUTHORIZED SIGNATORIES – NAME

TELEPHONE

SIGNATURE

1 _____

2 _____

3 _____

TENANT CONTACT FORM (CONT'D)

TORONTO
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A CT PROPERTY

AFTER-HOURS EMERGENCY CONTACTS.

For all after-hours emergencies and access requests (Mon-Fri 7am-7pm; 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

RESIDENTIAL TELEPHONE

1 _____

2 _____

3 _____

MIR3 - MASS NOTIFICATION SYSTEM CONTACTS

For all daytime and after hours emergency notifications.

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 WARDENS

1 _____

5 _____

2 _____

6 _____

3 _____

7 _____

4 _____

8 _____

ACCOUNTING CONTACT

NAME _____

TITLE _____

TELEPHONE _____

EMAIL _____

TENANT CONTACT FORM (CONT'D)

TORONTO
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AUTHORIZED SIGNATORY (Authorized to order billable/chargeable services)

NAME _____ TITLE _____

TELEPHONE _____ EMAIL _____

SPECIMEN SIGNATORY _____

BUILDING COMMUNICATION CONTACT (Will receive Important information pertaining to the building)

EMAIL _____ EMAIL _____

EMAIL _____ EMAIL _____

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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Attn: Chief Privacy Officer
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Toronto, Ontario
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