

TORONTO EATON CENTRE  
**CLIENT CONTACT FORM**



BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_ SUITE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

CORPORATE WEBSITE \_\_\_\_\_

**DAILY OFFICE CONTACT** (i.e. Facility Manager, Office Manager, V.P. Administration, etc.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**SECURITY/LIFE SAFETY CONTACTS**  
(Authorized to order/cancel passcards/MKA, lock/unlock doors & secured elevators, guidance on after-hours access for internal staff)

**AUTHORIZED SIGNATURES - NAME**

**TELEPHONE**

**SPECIMEN SIGNATURE**

CLIENT ADMIN #1

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLIENT ADMIN #2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLIENT ADMIN #3

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLIENT ADMIN #4

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**AFTER-HOURS EMERGENCY CONTACTS**  
(Notified of incidents and emergencies (e.g. leaks, potential business disruptions, etc.) outside standard business hours.  
Please note that contacts will be contacted in the order provided)

NAME	RESIDENTIAL TELEPHONE
1 _____	_____
2 _____	_____
3 _____	_____

**MIR3 – MASS NOTIFICATION SYSTEM CONTACTS** (Notified of Emergency Situations that may arise e.g. Fire Alarms, Evacuation etc.)

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 _____

**ACCOUNTING CONTACT**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_



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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: \_\_\_\_\_

NO CHANGES. REVIEW DATE: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

If you have sub-tenant information, please complete the Sub-Tenant Contact Form

Your privacy is very important to us. Personal information collected from you will only be used in emergency incidents or where verification is required for situations including premises access, and will remain confidential to The Cadillac Fairview Corporation Limited and its affiliates ("Cadillac Fairview"). It will however be disclosed to any entity that acquires Cadillac Fairview provided such entity similarly agrees to protect your privacy. If you wish to have a copy of Cadillac Fairview's privacy policy, or have a privacy question or concern, you may contact us in writing at the following address:

Attn: Chief Privacy Officer  
The Cadillac Fairview Corporation Limited  
Suite 500, 20 Queen Street West  
Toronto, Ontario  
M5H 3R4  
Fax no. 416-598-8222

**PLEASE EMAIL COMPLETED FORM TO:**  
**TENANT RELATIONS DEPARTMENT**  
**THE CADILLAC FAIRVIEW CORPORATION, TORONTO EATON CENTRE**  
[cf-tec-office-property-management@cadillacfairview.com](mailto:cf-tec-office-property-management@cadillacfairview.com)

