

# TENANT CONTACT FORM

EMAIL FORM TO: [splsecurity@cadillacfairview.com](mailto:splsecurity@cadillacfairview.com)

SIMCOE  
PLACE

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

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
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1	_____	_____	_____	_____
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2	_____	_____	_____	_____
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3	_____	_____	_____	_____
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# TENANT CONTACT FORM (CONT'D)

SIMCOE  
PLACE

A  PROPERTY

## 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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