



TENANT AUTHORIZATION, EMERGENCY CONTACT & BUSINESS CONTACT INFORMATION SHEET

The information provided in this form will enable us to coordinate building activities and share information with appropriate parties in the day to day operations of the property or in the event of an emergency. Once you have filled out this information sheet, kindly email the completed form to kris.baker@am.jll.com and kelly.larson@am.jll.com. If you have any questions, do not hesitate to call the Management Office at (619)702-0655.

Name of Firm: _____

Suite No.: _____ Primary Phone No.: _____ Fax No.: _____

Company Business Days/Hours: _____

Name/ Position of person submitting: _____ Date: _____

DAY TO DAY BUSINESS OPERATIONS:

Please list below persons to be contacted for day-to-day business operations and to receive tenant notices:

Name & Title	Main Phone	Direct Phone	e mail address

WORK ORDER, SERVICE AND PROPERTY REMOVAL REQUESTS:

Please list below persons authorized to request and sign for work, service the removal of material or equipment from building:

Name & Title	Main Phone	Direct Phone	e mail address

EMPLOYEES AND AFTER HOURS ACCESS:

Please attach a list of your employees at this building noting which employees are authorized afterhours access to your space.

Please complete page 2 for Emergency Contact and Floor Response Team

Name of Firm: _____

Suite No.: _____

EMERGENCY:

Please list below persons to be contacted in case of an emergency or to authorize admittance to the suite listed above:

Name & Title	Direct Phone	Home Phone	Mobile Phone	e mail address

FLOOR RESPONSE TEAM:

Please list below persons that will serve the floor response team. If you are on multiple floors or have additional staff members holding these positions, please provide a separate list of the additional personnel.

Name	Position	Floor/Suite	Mobile Phone	e mail address
	Floor Warden			
	Alternate Floor Warden			
	Stairwell Monitor			
	Alternate Stairwell Monitor			
	Elevator/Traffic Monitor			
	Alternate Elevator/Traffic Monitor			
	Search Monitor			
	Alternate Search Monitor			
	Group Leader			

MOBILITY IMPAIRMENT:

Please list below persons that may need assistance in the event of an emergency

Name	Floor	Phone Number	Type of Disability