



TENANT CONTACT INFORMATION

DATE: _____

Prepared by: _____

DAILY ON-SITE CONTACT

Please provide information for contact during business hours:

Company Name: _____ Main Phone # _____

Site Address: _____ Fax # _____

Approx. # of Employees during daytime hours?

Approx # of Employees during evening or weekend hours?

Contact #1: _____ Title: _____

Phone #: _____ Alt Phone #: _____

Email: _____

Contact #2: _____ Title: _____

Phone #: _____ Alt Phone #: _____

Email: _____

AFTER HOURS EMERGENCY

Please list employees who may be contacted **after business hours**, on weekends or on holidays in the event of emergency at your site:

Contact #1: _____ Phone #: _____ Home/Cell or Other

Contact #2: _____ Phone #: _____

ALARM COMPANY

Please list the name and number of the company responsible for security at your site:

Company Name: _____ Phone #: _____

Please assist us in keeping your contact information current by completing this form and returning it to our office via facsimile (360/693-1833) or by mail to 2501 SE Columbia Way, Suite 240, Vancouver, WA 98661. Thank you.