

One Oak Park Tenant Contact Information Form

Note: Tenant is required to update this information <u>quarterly</u> (or as data changes) and resubmit this form to the Property Management Office.

Company:	Suite or Floor Number:	
Main Phone Number:	Main Fax Number:	
	Email Address of Primary	
Primary Contact:	Contact:	
Nature of Business:	Completed By:	
	Number of Employees (day	
Date Completed:	and night):	
Additional Company Contacts (provide name and	<u>l email):</u>	
Local Decision Maker:		
Accounting/Billing Contact:		
Work Order Request Contact:		
Work Order Request Contact 2:		

The following individuals are to be contacted, in the order they appear, in the event of a **Day-Time Emergency**:

Name	Title	Home Phone	Cell Phone	Email Address

The following individuals are to be contacted in the event of an After-Hours Emergency:

Name	Title	Home Phone	Cell Phone	Email Address



One Oak Park Tenant Floor Emergency Teams

Note: Tenant is required to update this information <u>quarterly</u> (or as data changes) and resubmit this form to the Property Management Office.

Floor #:				
Floor Emergency Team/Position	Name, Office Phone and Email of Designated Person	Name, Office Phone, and Email of Alternate		
Area Warden				
Floor Leader(s)				
Elevator/Stairwell Monitors				
Aids to Disabled Persons				
Searchers (minimum 2)				
Communicator Between Floor Leaders (if applicable)				

Floor #:

Floor Emergency Team/Position	Name, Office Phone and Email of Designated Person	Name, Office Phone, and Email of Alternate
Area Warden		
Floor Leader(s)		
Elevator/Stairwell Monitors		
Aids to Disabled Persons		
Searchers (minimum 2)		
Communicator Between Floor Leaders (if applicable)		

Please copy and repeat use of this form for tenancy in excess of two floors.



One Oak Park Persons Requiring Assistance

Note: Tenant is required to update this information <u>quarterly</u> (or as data changes) and resubmit this form to the Property Management Office.

First and Last Name	Floor #	Location on Floor	Email Address and Office Phone Number	Type of Disability or Assistance Needed