

## TENANT INFORMATION

Building Address: 2020 Main Street, Irvine, CA 92614 Date : \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 Office Telephone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_ Form Completed By: \_\_\_\_\_

### EMERGENCY/SECURITY CONTACT INFORMATION

Please list below the names of one of the persons who are to be contacted in case of an emergency occurring after working hours or for after hours access requests. This information will remain confidential and will be used only by building management personnel in the event of an emergency or request for after hours access. (Must provide at least 2 names and mobile numbers)

Name:	Title:	Home Phone #	Mobile Phone #

### TENANT CONTACT INFORMATION

**Office Manager/Administrator (DAILY CONTACT):**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Accounting/Accounts Payable (ACCOUNTING ISSUES):**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Executive Contact (LEASING ISSUES):**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business Services:** (Individuals authorized to request special or overtime services.)

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**BUSINESS HOURS – DAYS PER WEEK:** (Please indicate your normal working hours.)

Business Hours: \_\_\_\_\_ Days Per week: \_\_\_\_\_

**HOLIDAY SCHEDULE:** (Please list the scheduled Holidays your office will be closed during the calendar year.)

\_\_\_\_\_

**SECURITY/ALARM SYSTEM (if applicable):**

Yes / No: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Code: \_\_\_\_\_