

TENANT CONTACT INFORMATION

Please complete the Tenant Contact Form and return to David Beaver, dbeaver@pzre.com, within one week of receipt.

Name of Business: _____ **Attention:** _____
Mailing Address: _____ **Phone Number:** _____ **Fax** _____

Billing Address (if Different than Mailing Address) _____ **Attention:** _____
 _____ **Phone Number:** _____ **Fax** _____

Number of Full-Time Employees that will Occupy Your Space _____

Number of personal computers, including both laptops & desktops, that will be used in the space _____

Please assign a Point of Contact (POC) as the person authorized by your organization to be the liaison between you and Penzance. This person will be the primary point of contact for correspondence regarding day-to-day operations at the property, maintenance requests and notices. In the case that the Office Manager cannot be reached, we will contact a secondary POC.

POC	NAME AND TITLE	DIRECT LINE	CELL PHONE	E-MAIL
PRIMARY				
SECONDARY				

At times, we may experience **after-hour emergencies**. In order to promptly and safely notify you, Penzance requests that at least two Emergency Contacts be registered with our office. This information will be used only for notification of emergency situations.

POC	NAME	CELL PHONE	HOME PHONE
PRIMARY			
SECONDARY			

Please list any disabled employees that are unable to use the stairs. This would include permanent disability and temporary (such as a person with a broken leg). This information will be posted in the Fire Control room to notify the Fire Department of individuals that may need assistance in exiting the building during an emergency situation.

NAME	DIRECT LINE	CELL PHONE	E-MAIL

In the event of a change in personnel, please notify us at dbeaver@pzre.com.



TENANT INFORMATION AND EMERGENCY CONTACT FORM

GENERAL INFORMATION

Company Name _____

Telephone _____

Total Number of employees in Suite: _____

CONTACT INFORMATION

PRIMARY DAILY CONTACT:

Name _____ Phone Number _____

Title _____ Email Address _____

AFTER-HOURS EMERGENCY CONTACT INFORMATION

Name _____ Cell Phone _____

Personal Email Address _____

Name _____ Cell Phone _____

Personal Email Address _____

AUTHORIZED SERVICE REQUEST:

Name _____ Email _____

Name _____ Email _____

ACCOUNTING DAILY CONTACT:

Name _____ Phone Number _____

Title _____ Email Address _____

Please return this form via email to dbeaver@pzre.com