

TENANT AUTHORIZATION AND EMERGENCY CONTACT SHEET

Date: _____ Number of persons in your suite: _____

Name of Company: _____ Suite No.: _____

Building: _____ Phone No.: _____ Fax No.: _____

Please indicate two (2) individuals designated as the **"Day to Day Contact Person"** to communicate with Building Management regarding keys, temperature control, security, maintenance, housekeeping or any other building related items. All communication requests and responses will be emailed through these individuals only. This will greatly increase our ability to effectively respond to your needs.

Tenant Advisory Notices will be emailed to these individuals who can then distribute to your staff, unless you request otherwise.

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

Please indicate two (2) individuals designated as the **"Executive Contact Person"** to communicate with Building Management regarding lease matters.

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

Please list below persons to be contacted in case of an **"After Hour Emergency"** or to authorize admittance to the suite listed above:

<u>NAME</u>	<u>Direct Office Line</u>	<u>AFTER Hrs Phone</u>	<u>EMAIL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THE FOLLOWING EMPLOYEES HAVE BEEN APPOINTED FIRE WARDEN AND DEPUTY FIRE WARDEN (APPOINT ONE (1) FIRE WARDEN FOR EACH 7,500 SQFT OCCUPIED SPACE).

WARDEN: _____ Emerg Phone: _____ Email: _____

DEPUTY: _____ Emerg Phone: _____ Email: _____

_____ Emerg Phone: _____ Email: _____

Emerg Phone: _____ Email: _____

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PERSONS IN NEED OF ASSISTANCE: Please list the names, locations and nature of disability for any employees requiring special assistance. **This list would include any expecting mother (the expecting date). Also, anyone who recently had surgery and are unable to use the stairs in an emergency.**

name	location	nature of disability
name	location	nature of disability

RINGCLEAR NOTIFICATIONS:

In the event of an emergency (severe hurricane updates, bomb threat, building closing due to power outages, etc) we have contracted with RingClear to automatically send voice messages to our tenants. Below please list **two (2) members** of your organization (local and/or national offices) that should receive such notification. Please list home, direct office and cell numbers. In the future, RingClear will offer email notifications so feel free to list office and home email addresses for those members. This information is stored on RingClear's secure website and only activated by a member of our management staff should an emergency arise. **Ringclear notifications will be sent to these individuals who can then distribute to your staff accordingly.**

Name: _____ Home #: _____ Office Direct #: _____

Cell #: _____ Office Email: _____ Home Email: _____

Name: _____ Home #: _____ Office Direct #: _____

Cell #: _____ Office Email: _____ Home Email: _____

As soon as possible, return this form to:

Jones Lang LaSalle Americas, Inc.
1515 Poydras Suite 1970
New Orleans, LA 70112 **Or FAX to: 585-2674**