

## TENANT AUTHORIZATION, EMERGENCY CONTACT & BUSINESS CONTACT INFORMATION SHEET

The information provided in this form will enable us to coordinate building activities and share information with appropriate parties in the day-to-day operations of the property or in the event of an emergency. Once you have filled out this information sheet, kindly email it to <a href="mailto:ariel.medina@am.ill.com">ariel.medina@am.ill.com</a>. If you have any questions, do not hesitate to call the Management Office at 973-889-2029.

	in you have any questions,		•	ut 070 000 2020.
Name of Firm:				
Suite No.:	Phone No.:		_Fax No.:	
Company Business Hours	:			_
Please attach a list of	your employees at this I	building and compa	any holiday schedule	<u>9.</u>
EMERGENCY: These en	nployees will receive tenar	nt email blasts and a	ny building communic	ation.
Please list below the indiv	viduals to be contacted in cas	se of an <u>emergency or</u>	to authorize admittance	to the suite listed above:
Name & Title	Office Phone	Home Phone	Cell Phone	e e-mail address
Anyone present	urs, please admit individuals ting reasonable identificati leared by phone with any o	ion.		ving basis (cneck one):
No one without	our written authorization.			
DAY TO DAY BUSINESS	OPERATIONS:			
	to be contacted for day-to-d			a mail adduses
Name & Title	Office P	none	Cell Phone	e-mail address
	E AND PROPERTY REMOV authorized to request and s		ne removal of material o	r equipment from building:
Name & Title	Office Pl		Cell Phone	e-mail address



## **BILLING**

Please list below person to be contacted regarding payment of rent (or where the rent statement should be mailed):

Name:
Title:
Street Address:
City, ST & ZIP:
Phone:
Fax:
E-mail Address:

## **SPECIAL ASSISTANCE**

Please check "YES" or "NO". If "YES", please list below any employees who may require special assistance during an emergency due to a disability (for multiple-floor tenants please indicate which floor each employee is on):

Yes	
No	
•	
•	
•	
•	
•	