



TENANT EMERGENCY CONTACT INFORMATION

TENANT NAME: _____

SUITE NUMBER: _____

Name(s) of contact(s) during normal business hours:

NAME: _____

Tel. No.: _____ Email: _____

The following person(s) is authorized to request, in writing, the issuance, transfer and deletion of security access cards and office keys for employees:

NAME: _____ SIGNATURE: _____

NAME: _____ SIGNATURE: _____

Mailing Address (if other than building address):

In case of an emergency, after hours/weekends, the following person(s) should be notified in the order listed below:

Name: _____ Tel.: _____ Email: _____

Name: _____ Tel.: _____ Email: _____

Name: _____ Tel.: _____ Email: _____

Authorized Person (Print name & title): _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:
5444 Westheimer, Suite 1500, Houston, Texas 77056
Phone: (713) 877-1245