



**TENANT EMERGENCY
CONTACT INFORMATION**

TENANT NAME: _____ SUITE: _____

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

NAME: _____ Tel. No.: _____ E-mail: _____

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.: _____ e-mail: _____

NAME: _____ TEL.: _____ e-mail: _____

NAME: _____ TEL.: _____ e-mail: _____

Authorized Person (Print name & title): _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:
Management Office
5599 San Felipe, Suite 106, Houston, Texas 77056
E-mail: admin5599@tanglewoodproperty.com
Phone: (713) 621-1300 Fax: (713) 621-0218