

**BROOKFIELD
ALLEN CENTER
TENANT INFORMATION**

TENANT: _____
SUITE NO: _____
NUMBER OF EMPLOYEES: _____
MAIN PHONE NUMBER: _____
FAX NUMBER: _____
WEBSITE ADDRESS: _____

AUTHORIZED TENANT CONTACT

NAME: _____
TITLE: _____
DIRECT PHONE NO.: _____
E-MAIL ADDRESS: _____

ALTERNATE NAME: _____
TITLE: _____
DIRECT PHONE NO.: _____
E-MAIL ADDRESS: _____

EMERGENCY AFTER-HOURS CONTACTS (Please provide 3 names)

NAME: _____
HOME PHONE NUMBER: _____ CELL _____

NAME: _____
HOME PHONE NUMBER: _____ CELL _____

NAME: _____
HOME PHONE NUMBER: _____ CELL _____

TOP LOCAL SENIOR EXECUTIVES (List more than one if applicable)

NAME: _____
TITLE: _____
DIRECT PHONE NO.: _____

COMPANY HOLIDAYS

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

FLOOR WARDEN(S) (One per 7,500 sf)

1. _____	2. _____
3. _____	4. _____

We will periodically ask that you assist us in keeping this information current. Please inform us of any changes between updates.