

**BROOKFIELD OFFICE PROPERTIES
THREE ALLEN CENTER
TENANT INFORMATION**

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

AUTHORIZED TENANT CONTACT

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

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

ACCOUNTS PAYABLE CONTACT: _____
PHONE: _____ EMAIL: _____

EMERGENCY AFTER-HOURS CONTACTS (Please provide 3 names)

NAME: _____
HOME PHONE NUMBER: _____ CELLULAR: _____

NAME: _____
HOME PHONE NUMBER: _____ CELLULAR: _____

NAME: _____
HOME PHONE NUMBER: _____ CELLULAR: _____

TOP LOCAL SENIOR EXECUTIVE

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

COMPANY HOLIDAYS - 2015

- | | |
|----------|----------|
| 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