

**Marina Towers  
Authorized Signature Form  
Tenant Emergency Contact and Property Removal**

TENANT NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

SUITE #: \_\_\_\_\_ OUR NORMAL BUSINESS HOURS ARE: \_\_\_\_\_

NUMBER OF FULL TIME EMPLOYEES \_\_\_\_\_ PART TIME EMPLOYEES \_\_\_\_\_

**AUTHORIZED CONTACT(S) AFTER NORMAL BUSINESS HOURS.**

We hereby authorize the following personnel to have after hours access and/or give after hours access to our suite at the Marina Towers. *(Please list in the order in which employees are to be called in case of emergency or approval for after hours access.)*

	AUTHORIZED CONTACT (please print)	TITLE	HOME PHONE	ALTERNATE	PIN <i>optional</i>
1.					
2.					
3.					
4.					
5.					
6.					

**PROPERTY REMOVAL AUTHORIZATION**

We hereby authorize the following personnel to sign Marina Towers Property Removal Forms:

	AUTHORIZED INDIVIDUAL (please print)	SIGNATURE
1.		
2.		
3.		
4.		

Partner, Corporate Officer or Office Manager:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date