

**TOTAL PLAZA
TENANT INFORMATION**

TENANT: _____
SUITE NO: _____
NUMBER OF EMPLOYEES: _____
MAIN PHONE NUMBER: _____
FAX NUMBER: _____
E-MAIL ADDRESS (tenant contact): _____

AUTHORIZED TENANT CONTACT

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

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

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.: _____

COMPANY HOLIDAYS

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____

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

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