

# Irvington Centre

## Tenant Contact Form

### DAILY CONTACT

Company Name: \_\_\_\_\_ Suite #: \_\_\_\_\_

Building: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

On-site Contact Person #1: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

On-site Contact Person #2: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

Total number of Employees: \_\_\_\_\_

### ANGUS WORK ORDER CONTACTS

This section gives employees the ability to input work orders/maintenance requests into the Angus work order system. Please designate 1-2 employees (preferably on-site) responsible for inputting work orders.

Contact Person #1: \_\_\_\_\_

Email address: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

Contact Person #2: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

### AFTER-HOURS EMERGENCY CONTACT

Is there an alarm system? Yes / No

If yes, instructions for entry/code: \_\_\_\_\_

Please list the name & phone number of the two people within your organization to be notified in the event of an after-hours emergency regarding your space.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### BILLING INFORMATION

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Accounts Payable e-mail address: \_\_\_\_\_

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Direct Phone #: \_\_\_\_\_

### FIRST RESPONDER / FIRE WARDEN

Please list the person(s) within your organization that will serve as First Responder/Fire Warden in the event of an emergency during normal business hours. Full floor tenants should have at least five. Use an additional sheet of paper to provide their names.

Fire Warden #1: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Fire Warden #2: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Fire Warden #3: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### PHYSICALLY IMPAIRED

Please list the names of any physically challenged employees in your office.

Name: \_\_\_\_\_ Type of Limitation: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Limitation: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Limitation: \_\_\_\_\_