



1625 K STREET
TENANT CONTACT FORM

Please complete the following form and return it to the Property Management Office. Keep a reference copy for your future use.

Corporate/Firm Name: _____
Suite Number: _____
Telephone #: _____
Fax #: _____
E-Mail Address: _____

Day-to-day Operations & After-hours Emergency Contacts:

1. _____
Name Title
_____ Office Phone Fax
_____ After-hours Phone Number or Pager E-mail Address

2. _____
Name Title
_____ Office Phone Fax
_____ After-hours Phone Number or Pager E-mail Address

3. _____
Name Title
_____ Office Phone Fax
_____ After-hours Phone Number or Pager E-mail Address

Rental Payment & Lease Inquires Contact:

1. _____
Name Title
_____ Office Phone Fax
_____ E-mail Address
_____ Address (If different from above)

1625 K STREET
TENANT CONTACT FORM - continued

Fire/Safety Wardens:

- | | | |
|----|--------------|----------------|
| 1. | _____ | _____ |
| | Name | Title |
| | _____ | _____ |
| | Office Phone | E-mail Address |
| 2. | _____ | _____ |
| | Name | Title |
| | _____ | _____ |
| | Office Phone | E-mail Address |
| 3. | _____ | _____ |
| | Name | Title |
| | _____ | _____ |
| | Office Phone | E-mail Address |

Employees who Require Assistance in an Emergency:

- | | | |
|----|----------------|-------------------------------------|
| 1. | _____ | _____ |
| | Name | Type of Assistance Needed |
| | _____ | _____ |
| | Office Phone | Type of Assistance Needed (cont'd). |
| | _____ | |
| | Floor | |
| | _____ | |
| | E-mail Address | |
| 2. | _____ | _____ |
| | Name | Type of Assistance Needed |
| | _____ | _____ |
| | Office Phone | Type of Assistance Needed (cont'd). |
| | _____ | |
| | Floor | |
| | _____ | |
| | E-mail Address | |
| 3. | _____ | _____ |
| | Name | Type of Assistance Needed |
| | _____ | _____ |
| | Office Phone | Type of Assistance Needed (cont'd). |
| | _____ | |
| | Floor | |
| | _____ | |
| | E-mail Address | |