

Westminster Centre

TENANT CONTACT INFORMATION

SECTION A CONTACT INFORMATION (for Day to Day Operations)	
Tenant Name: _____	Suite Number: _____
Contact Person: _____	
Position: _____	
Phone: _____	Direct Line: _____
Fax: _____	E-mail: _____

SECTION B EMERGENCY CONTACT INFORMATION (After Hours)	
The persons below will only be contacted in case of an <u>after-hours</u> emergency. We will call the #1 contact first, and only proceed to the #2 person (and #3 respectively) if we cannot reach the first person.	
#1	Name: _____
	Res.Phone: _____ Cellular: _____
	Pager: _____ Other: _____
#2	Name: _____
	Res.Phone: _____ Cellular: _____
	Pager: _____ Other: _____
#3	Name: _____
	Res.Phone: _____ Cellular: _____
	Pager: _____ Other: _____
Additional Information (i.e. alarm system monitoring company, phone, system number)	

TENANT AUTHORIZATION	
X _____	
authorized signatory	
_____	_____
date	name and position