



Date: _____

Master Tenant Authorization Form

Tenant Name: _____

Bldg / Suite: _____ Number of Employees: _____

Main Phone #: _____ Main Fax #: _____

Type of Business: _____ Web Address: _____

Emergency/After Hours Contacts

The Management Office is requesting names and telephone numbers from your company for *After Hours Emergencies*. Please list three (3) people and their telephone numbers in the order you would like us to attempt contact. **Secondary contacts will be called only if primary contact cannot be reached.**

Primary Contact

_____	_____	_____
Print Name	Emergency Phone #1	type
_____	_____	_____
Title	Emergency Phone #2	type

1st Alternate

_____	_____	_____
Print Name	Emergency Phone #1	type
_____	_____	_____
Title	Emergency Phone #2	type

2nd Alternate

_____	_____	_____
Print Name	Emergency Phone #1	type
_____	_____	_____
Title	Emergency Phone #2	type

Business Contacts

Please provide us with the names and *daytime phone numbers* of the following contacts for your office located at 6300 Wilshire Blvd, Los Angeles, CA 90048:

_____	_____
Primary Daily Contact / Office Manager	Daytime Phone #
_____	_____
E-mail Address	Fax #

_____	_____
Secondary Daily Contact / Office Manager	Daytime Phone #
_____	_____
E-mail Address	Fax #

_____	_____
Executive Contact	Daytime Phone #
_____	_____
Title	E-mail Address

_____	_____
Accounting Contact	Daytime Phone #
_____	_____
Title	E-mail Address

Accounting Address-Please provide us with the address to which rent statements and/or invoices should be mailed, *if other than the local office*:

Name: _____

Address: _____

City, State Zip: _____

Property Removal Authorization Contacts

Please list at least two (2) persons authorized to sign property removal passes, which allow for removal of equipment/furnishings from your office.

1 _____ Print Name	X _____ Signature
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2 _____ Print Name	X _____ Signature
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3 _____ Print Name	X _____ Signature
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Emergency Response Personnel/Floor Warden/Suite Warden

We would like to establish your Emergency Response Personnel. The Emergency Response Person will assist in providing basic response and employee assistance during a building emergency. *As required by the Los Angeles Fire Department, please designate one individual and one alternate per suite/floor to act in this capacity.*

Tenant Suite/Floor Warden: _____	Suite/Floor: _____
Department: _____	Work Schedule: _____
Work Phone #: _____	Extension #: _____
Percentage of time spent off site during business hours: _____	
Is the Emergency Response Person presently certified in CPR/First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Tenant Suite Warden: _____ Work Phone #: _____	

Tenant Suite/Floor Warden: _____	Suite/Floor: _____
Department: _____	Work Schedule: _____
Work Phone #: _____	Extension #: _____
Percentage of time spent off site during business hours: _____	
Is the Emergency Response Person presently certified in CPR/First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Tenant Warden: _____ Work Phone #: _____	

Tenant Suite/Floor Warden: _____	Suite/Floor: _____
Department: _____	Work Schedule: _____
Work Phone #: _____	Extension #: _____
Percentage of time spent off site during business hours: _____	
Is the Emergency Response Person presently certified in CPR/First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Tenant Warden: _____ Work Phone #: _____	

Tenant Suite/Floor Warden: _____	Suite/Floor: _____
Department: _____	Work Schedule: _____
Work Phone #: _____	Extension #: _____
Percentage of time spent off site during business hours: _____	
Is the Emergency Response Person presently certified in CPR/First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alternate Tenant Warden: _____ Work Phone #: _____	

Physically Impaired

Please list all physically impaired employees in your office. (Physically impaired is defined as anyone who cannot travel five (5) flights of stairs or who would impede the progress of others.)

_____	_____	_____
Name	Phone #	Office #/Location/Department
_____	_____	_____
Type of Limitation	Special Assistant	Notes
_____	_____	_____
Name	Phone #	Office #/Location/Department
_____	_____	_____
Type of Limitation	Special Assistant	Notes
_____	_____	_____
Name	Phone #	Office #/Location/Department
_____	_____	_____
Type of Limitation	Special Assistant	Notes

Work Orders

Please list the authorized employees that will be able to create work order requests via the Angus work order system.

_____	_____
Print Name	Daytime Phone #
_____	_____
E-mail Address	Fax #

_____	_____
Print Name	Daytime Phone #
_____	_____
E-mail Address	Fax #

Please fill out the form upon your relocation to the property and/or anytime you have new contact information or when any of your employees on this list have been terminated. Email to: 6300management@swigco.com. Thank you