

BUILDING SERVICES CONTACT

Tenant Name: _____

Building: 6464 - 6565 (circle one)

Suite No.: _____

Name: _____

PRINT (must be authorized signatory)

Signature _____

Date: _____

Primary Building Services Contact:

Name: _____

Title: _____

Phone No.: _____

Email: _____

Mobile No.: _____

Home No.: _____

Secondary Building Services Contact:

Name: _____

Title: _____

Phone No.: _____

Email: _____

Mobile No.: _____

Home No.: _____

Tertiary Building Services Contact: (if applicable)

Name: _____

Title: _____

Phone No.: _____

Email: _____

Mobile No.: _____

Home No.: _____

AUTHORIZED PERSONNEL LIST TO ACCESS PREMISES

The following personnel listed below is/are authorized to access the premises and the above-referenced suite in case of an accidental lock out, lost key, or after normal business hours.

