

IMPORTANT: This form is to be completed to provide building security with emergency telephone numbers and to enable them to contact you during non-business hours.

Company name:		Suite No:
Tenant representative first and last name:		Title:
Telephone:	Email address:	
Signature:	Date submitted dd-mm-yyyy:	

Emergency: Power Shutdown:

1. First and last name		Title:
Main telephone no.:	Alternate telephone no.:	Email address:

Emergency: Power Shutdown:

2. First and last name:		Title:
Main telephone no.:	Alternate telephone no.:	Email address:

Emergency: Power Shutdown:

3. First and last name		Title:
Main telephone no.:	Alternate telephone no.:	Email address:

Emergency: Power Shutdown:

4. First and last name:		Title:
Main telephone no.:	Alternate telephone no.:	Email address:

A) Is there a security system within the suite? <input type="checkbox"/> YES <input type="checkbox"/> NO	B) Is the security system being monitored? <input type="checkbox"/> YES <input type="checkbox"/> NO	C) If yes, please indicate in the space provided below. <input type="checkbox"/> YES <input type="checkbox"/> NO
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If the answer is "yes", to any of the answers above, please complete the section below.

Security company name:		Contact name:
Telephone (day):	Telephone (24 hour):	Email address:

This section of the form is to be completed by the management office.

Received by:	Date dd-mm-yyyy:	Time:
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