

CB RICHARD ELLIS
101 Arch Street Suite 230
Boston, MA 02110
Telephone: 617.204.1030
Fax: 617.204.1032
Please fax to Attention:
Marley Short

101 Arch Street Tenant Emergency Data Sheet

Company Name: _____

Date: _____ / _____ / _____

For each company or tenant in the building, please provide names of three contacts. The Tenant Contact will be responsible for requesting available services from the Management Office, usually the Office Manager or Administrator. The Principal Contact is usually an officer of the company or someone directly in charge. The third contact is for accounting purposes; if accounting correspondence should be sent to a different address please list below.

Office Information

Company Name: _____ Suite / Floor: _____ Employee Population (101Arch only): _____

Telephone: _____ Fax: _____

Email: _____

Tenant Contact: _____ Phone: _____

Principal Contact: _____ Phone: _____

Accounting Contact: _____ Phone: _____

If you would like correspondence sent to an address other than to the leased premises, please indicate by listing the contact and address below. Also provide any additional information that may be helpful to us in the event of an emergency.

Company Name: _____

Date: _____ / _____ / _____

After Hours Emergency Contact Information

**In the Event of an after hours emergency, who should be contacted?
At least (2) two contacts are required.**

Please note contacts will be called in the order they are listed.

1.

Name

Home Telephone

Title

Cell / Pager

2.

Name

Home Telephone

Title

Cell / Pager

3.

Name

Home Telephone

Title

Cell / Pager

Additional Information: Please include any information that may be helpful to us in the event of an emergency in the building.

Company Name: _____

Date: _____ / _____ / _____

Tenant Signature Data Sheet

Who is authorized to sign Tenant Work Requests / Orders?

- | | |
|----------------|------------------|
| 1. Name: _____ | Signature: _____ |
| E-mail: _____ | |
| 2. Name: _____ | Signature: _____ |
| E-mail: _____ | |
| 3. Name: _____ | Signature: _____ |
| E-mail: _____ | |
| 4. Name: _____ | Signature: _____ |

Who is authorized to sign Equipment / Property Removal Passes?

- | | |
|----------------|------------------|
| 1. Name: _____ | Signature: _____ |
| 2. Name: _____ | Signature: _____ |
| 3. Name: _____ | Signature: _____ |
| 4. Name: _____ | Signature: _____ |

Additional information: Please include any information that may be helpful to us.

Company Name: _____

Date: _____ / _____ / _____

List person(s) requiring assistance in the event of an evacuation:

1.
Name: _____ Temp or Perm? _____

If temporary, when will they no longer require assistance - Date: _____
estimated date of recovery

2.
Name: _____ Temp or Perm? _____

If temporary, when will they no longer require assistance - Date: _____
estimated date of recovery

3.
Name: _____ Temp or Perm? _____

If temporary, when will they no longer require assistance - Date: _____
estimated date of recovery

4.
Name: _____ Temp or Perm? _____

If temporary, when will they no longer require assistance - Date: _____
estimated date of recovery

5.
Name: _____ Temp or Perm? _____

If temporary, when will they no longer require assistance - Date: _____
estimated date of recovery

6.
Name: _____ Temp or Perm? _____

If temporary, when will they no longer require assistance - Date: _____
estimated date of recovery

7.
Name: _____ Temp or Perm? _____

If temporary, when will they no longer require assistance - Date: _____
estimated date of recovery