

Citigroup Center Tenant Contact and Emergency Information

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This form is important to the Office of the Building. It is the responsibility of the Tenant to maintain current information. If you have any changes, please re-submit this form immediately. All numbers will be kept confidential.

Tenant Name _____ **Suite** _____

Main Number _____ **Fax** _____

Executive Contact

Contact Name _____ **Title** _____

Direct Number _____ **Fax** _____

Email _____

After Hours/Weekend Contacts

Contact Name _____ **Title** _____

Home Phone _____ **Cell** _____

Blackberry/Smartphone PIN (8-digit alphanumeric code) _____

Email _____

Contact Name _____ **Title** _____

Home Phone _____ **Cell** _____

Blackberry/Smartphone PIN (8-digit alphanumeric code) _____

Email _____

Primary/Secondary Contacts

Primary Contact _____ **Title** _____

Direct Number _____ **Fax** _____

Email _____

Secondary Contact _____ **Title** _____

Direct Number _____ **Fax** _____

Email _____

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Additional Contacts to Receive Emails

Contact Name _____ Email _____

Contact Name _____ Email _____

Floor Warden/Suite Monitor

Floor Warden Name _____ Phone _____

Suite Monitor Name _____ Phone _____

Accounting Contact

Name _____ Title _____

Email _____ Phone _____

Billing Address: _____

Paperless Billing: **Yes** (*Monthly billing will be emailed to address listed above*) **No**

Lease Administration Contact:

Name _____ Title _____

Phone Number _____ Email _____

Notice Address _____

Parking Administration Contact:

Name _____ Title _____

Phone Number _____ Email _____

Mailing Address _____

Floor Lock-Off Schedule: _____

All the above information is authorized by:

Print Name _____ Title _____

Signature _____ Date _____