

TWO NORTH RIVERSIDE PLAZA

OFFICE TENANT CONTACT FORM

Tenant Name: _____

Date: _____ Updated: _____

Suite: _____ Number of Employees: _____ Day: _____ Evening: _____

Main Phone #: _____ Main Fax #: _____

Type of Business: _____

Web Site Address: _____

Business Contacts

Please provide us with the names and *daytime phone numbers* of the following contacts for your office at Two North Riverside Plaza:

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

_____	_____
Executive Contact/Emergency Decision Maker	Daytime Phone #
_____	_____
Title	E-mail Address

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

Please provide us with the address to which rent statements should be mailed, *if other than your office at Two North Riverside Plaza*:

Contact Name: _____

Title: _____

Address: _____

City, State Zip: _____

Service Contacts

Please list individuals who are authorized to request services from the Management Office. The service contact person(s) shall be authorized to incur charges on behalf of the tenant for all building services (other than construction services.) We will only accept work orders or requests from the Tenant Authorized Contacts noted on this form. More detail

1 _____ Print Name	_____ Phone Number
_____ E-mail Address	

2 _____ Print Name	_____ Phone Number
_____ E-mail Address	

3 _____ Print Name	_____ Phone Number
_____ E-mail Address	

Property Removal Authorization Contacts

Please list at least two (2) persons authorized to sign property removal passes that allow for removal of equipment/furnishings from your office. Please contact the Office of the Building for property removal passes..

1 _____ Print Name	
_____ Title	X _____ Signature

2 _____ Print Name	
_____ Title	X _____ Signature

3 _____ Print Name	
_____ Title	X _____ Signature

**Two North Riverside Plaza
City of Chicago High Rise Evacuation Ordinance
Tenant Information Requirements**

Please return with ONE form completed PER SUITE or EACH FLOOR your company occupies.

EMERGENCY CONTACT SHEET

TENANT NAME _____ **SUITE NUMBER** _____
OFFICE PHONE _____ **OFFICE FAX NUMBER** _____
NUMBER OF EMPLOYEES _____ DAYTIME (7:00 am TO 7:00 pm) _____
EVENING (7:00 pm TO 7:00 am) _____

NUMBER OF SELF IDENTIFIED INDIVIDUALS THAT REQUIRE ASSISTANCE IN AN EMERGENCY _____

NAME _____ TYPE OF ASSISTANCE REQUIRED _____

NAME _____ TYPE OF ASSISTANCE REQUIRED _____

**EVACUATION PERSONNEL IN THE EVENT OF AN EMERGENCY
*EACH TENANT IS REQUIRED TO PROVIDE THE FOLLOWING PERSONNEL (PER FLOOR / PER SUITE)**

FIRE WARDEN:

INDIVIDUAL SHALL KNOW THE LOCATIONS OF ALL EXITS LEADING FROM OCCUPIED AREAS AND TRAIN AS AS PRESCRIBED UNDER THE BUILDING EVACUATION PLAN. INDIVIDUAL SHALL DIRECT EMERGENCY EVACUATIONS AND DRILLS FROM THEIR ASSIGNED FLOOR AS PRESCRIBED UNDER THE BUILDING EVACUATION PLAN.

PHONE NUMBER (_____) _____
NAME _____
CELL PHONE NUMBER (_____) _____

EVACUATION TEAM LEADER:

INDIVIDUAL SHALL KNOW THE LOCATIONS OF ALL EXITS LEADING FROM OCCUPIED AREAS AND TRAIN AS PRESCRIBED UNDER THE BUILDING EVACUATION PLAN. INDIVIDUAL SHALL LEAD EMERGENCY EVACUATIONS AND DRILLS FROM OCCUPIED AREAS AS PRESCRIBED UNDER THE BUILDING EVACUATION PLAN.

PHONE NUMBER (_____) _____
NAME _____
CELL PHONE NUMBER (_____) _____

**PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY
*PERSONNEL WILL BE CONTACTED IN THE ORDER LISTED**

HOME PHONE (_____) _____
NAME _____
AFTER HOURS NUMBER (_____) _____

HOME PHONE (_____) _____
NAME _____
AFTER HOURS NUMBER (_____) _____

HOME PHONE (_____) _____
NAME _____
AFTER HOURS NUMBER (_____) _____

Please return to:
Email: carmela.abalos@cushwake.com
Two North Riverside Plaza, Office of the Building (Suite 300)