

# TWO NORTH RIVERSIDE PLAZA

## RETAIL TENANT CONTACT FORM

Tenant Name: \_\_\_\_\_

Date: \_\_\_\_\_ Update: \_\_\_\_\_

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:  
Two North Riverside Plaza, Office of the Building (Suite 300)  
Fax: (312) 993-9594