

# 10100 Katy Freeway

## TENANT CONTACT INFORMATION

**Company:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Main Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Type of Business** (e.g., oil field, consulting, etc): \_\_\_\_\_

**Tenant Authorized Person:** (Authorized to approve access cards, billable work orders etc. and receive official building notices)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Is this number a Direct Line?**  Yes  No

**E-mail address:** \_\_\_\_\_

**Tenant Coordinators (2):** (Calls in hot/cold HVAC requests and other misc. work orders, utilizes IMPAK system)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Is this number a Direct Line?**  Yes  No

**E-mail address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Is this number a Direct Line?**  Yes  No

**E-mail address:** \_\_\_\_\_

**Tenant Accounting Contact:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Is this number a Direct Line?**  Yes  No

**Fax:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Tenant Emergency Contacts:**

Please list **AT LEAST** three (3) people with your Company we can contact in case of a building emergency during and after business hours.

Name	Mobile Telephone	Email Address
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Tenant Recycling Champion:** (Receives all office recycling-related emails)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Is this number a Direct Line?**  Yes  No

**E-mail address:** \_\_\_\_\_

Please drop off or email this form to the Property Management Office at 929 Gessner, Suite 125.