

**COLORADO TOWER
TENANT CONTACT FORM**

Please indicate the names of individuals in your firm who have been designated as your daily "contact person" to communicate with the Property Management Office regarding maintenance issues, temperature control, security, janitorial or any other building related items. All communication should be channeled through these individuals. This will greatly increase our ability to effectively respond to your needs.

TENANT NAME: _____

SUITE :# _____

OFFICE TELEPHONE #: _____

OFFICE FAX #: _____

YOUR FIRM'S OFFICE HOURS: _____

CONTACT PERSON: _____

CONTACT E-MAIL ADDRESS: _____

ALTERNATE CONTACT PERSON: _____

ALTERNATE E-MAIL ADDRESS: _____

LEASE CONTACT PERSON: _____

PHONE NUMBER (IF DIFFERENT): _____

ACCOUNTING CONTACT PERSON: _____

PHONE NUMBER (IF DIFFERENT): _____

ACCOUNTING CONTACT E-MAIL ADDRESS: _____

KEY DECISION MAKER'S NAME: _____

TITLE: _____

PHONE NUMBER (IF DIFFERENT): _____

KEY DECISION E-MAIL ADDRESS: _____

In case of an emergency after hours, weekends or holidays, it may be necessary to contact someone in your firm. Please indicate the emergency home phone number of at least two individuals whom we can contact should we need to. Please be assured that all cell and home phone numbers will be treated confidentially.

NAME	CELL #	HOME #