

# *The Pinnacle Building*

## ❖ TENANT CONTACT INFORMATION ❖

### 1. On-site Tenant Information

Tenant Name		Date	
Building & Suite	Bldg.	Ste.	Full Floor    YES    NO
Main Phone Number	Fax Number		
Website	http://		

### 2. Occupancy Information

Number of Employees onsite	Full-time:	Part-time:			
Use of Space	Business Office	Medical Office	Restaurant	Retail	Other:

### 3. Rental/Billing Information

Send invoices to:	Onsite Address	Billing Address (item 3)	Corporate Address (item 4)
Off-Site Billing Address			
City		State	Zip
Telephone Number	Fax Number		

### 4. Corporate Office Information

Corporate Office Address			
City		State	Zip
Telephone Number	Fax Number		

### 5. Primary Onsite Contact Information

Primary Onsite Contact	Salutation	First Name	Last Name
Title		Available after-hours?	YES    NO
Will call in Engineering/Housekeeping Work Requests?		YES	NO
Can provide approval for After-Hours HVAC Requests?		YES	NO
Onsite Location	Bldg.	Ste.	Work Phone    Ext.
Mobile Phone	Home Phone		
E-mail Address			

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## 6. Secondary Onsite Contact Information

Secondary Onsite Contact	Salutation			
	First Name			
	Last Name			
Title		Available after-hours?	YES	NO
Will call in Engineering/Housekeeping Work Requests?			YES	NO
Can provide approval for After-Hours HVAC Requests?			YES	NO
Onsite Location	Bldg.	Ste.	Work Phone	Ext.
Mobile Phone		Home Phone		
E-mail Address				

## 7. Billing Contact Information

Billing Contact	Salutation			
	First Name			
	Last Name			
Title		Work Phone		Ext.
Mobile Phone		Home Phone		
E-mail Address				
Location	On-site	Billing Address	Corporate Office	Other: indicate below
Offsite Address		City	State	Zip
Type of Billing this Contact will Process	All	Rent Only	Above Standard Only	

## 8. IT Contact Information

IT Contact	Salutation			
	First Name			
	Last Name			
Title		Available after-hours?	YES	NO
Location	On-site	Corporate Office	Work Phone	Ext.
Mobile Phone		Home Phone		
E-mail Address				

## 9. Fire Wardens and Personnel in need of Assistance during Building Evacuations

Fire Warden	First Name		Last Name	
Onsite Location	Building	Ste.	Mobile Phone	
Deputy Fire Warden	First Name		Last Name	
Onsite Location	Building	Ste.	Mobile Phone	
Personnel in need of assistance during building evacuations	<i>Please list any person with a disability who will require assistance during a building evacuation.</i>			