

3130 Wilshire



Tenant Name: _____

Suite Number: _____

Office Phone: _____

Total Occupants: _____

Please Return this Form to:

3130Management@Swigco.com

Office Hours: From: _____ am To: _____ pm

CONTACT INFORMATION	Office#	Cell#	Home#
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Please add an "X" to All that Apply					
General Contact ^[1]	Authorized Contact ^[2]	Billing Contact ^[3]	IT Contact ^[4]	Emergency Contact ^[5]	Emerg Assist Req'd? ^[6]

1 Name: _____	_____	_____	_____	Notes: _____
Title: _____	Email: _____			
2 Name: _____	_____	_____	_____	Notes: _____
Title: _____	Email: _____			
3 Name: _____	_____	_____	_____	Notes: _____
Title: _____	Email: _____			
4 Name: _____	_____	_____	_____	Notes: _____
Title: _____	Email: _____			
5 Name: _____	_____	_____	_____	Notes: _____
Title: _____	Email: _____			
6 Name: _____	_____	_____	_____	Notes: _____
Title: _____	Email: _____			
7 Name: _____	_____	_____	_____	Notes: _____
Title: _____	Email: _____			

^[1] General Contact: Individuals whom Management should contact regarding general Building issues and to receive memos from the building Management office.

^[2] Authorized Contact: Individuals who can make decisions and authorize expenditures for your firm such as repairs or make changes/additions for keys, building access and parking permits

^[3] Billing Contact: Individuals who should receive monthly rent statements and can answer inquiries regarding your AR account.

^[4] IT Contact: Individuals who should be notified of power shut downs, power failures and other events that would affect your computer systems.

^[5] Emergency Contact: At least 2 Individuals who should be contacted in the event of an after-hours building emergency regarding your suite.

^[6] Emergency Assistance Required: Please list all occupants that require assistance in the event of an emergency evacuation.

Approved By: _____

Print Name: _____

Date: _____