

**550 West Adams
Tenant Contact Information List**

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

Company: _____	Suite or Floor Number: _____
Main Phone Number: _____	Main Fax Number: _____
Primary Contact: _____	Email Address of Primary Contact: _____
Nature of Business: _____	Completed By: _____
Date Completed: _____	Number of Employees (day and night): _____

The following individuals are to be contacted, in order as they appear, in the event of a **Day-time Emergency**:

Name	Title	Home Phone	Cell Number	Office Number	Email Address

The following individuals are to be contacted in the event of an **After-hours Emergency**:

Name	Title	Home Phone	Cell Number	Office Number	Email Address

ATTACHMENT 2
550 West Adams
Tenant Floor Emergency Teams

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

Floor #:		
Floor Emergency Team/Position	Name, Office Phone and Email of Designated Person	Name, Office Phone, and Email of Alternate
Floor Warden		
Searchers (min. 2)		
Stairwell Monitors		
Elevator Monitors		
Evacuation Assistants for Mobility Impaired Occupants		

Floor #:		
Floor Emergency Team/Position	Name, Office Phone and Email of Designated Person	Name, Office Phone, and Email of Alternate
Floor Warden		
Searchers (min. 2)		
Stairwell Monitors		
Elevator Monitors		
Evacuation Assistants for Mobility Impaired Occupants		

Please copy and repeat use of this form for tenancy in excess of two floors.

