

Satellite Place

Tenant Contact Form

DAILY CONTACT

Company Name: _____ Suite #: _____
Building: _____
Office Phone #: _____ Fax #: _____
On-site Contact Person #1: _____
E-mail address: _____ Direct Phone #: _____
On-site Contact Person #2: _____
E-mail address: _____ Direct Phone #: _____
Total number of Employees: _____

ANGUS WORK ORDER CONTACTS

This section gives employees the ability to input work orders/maintenance requests into the Angus work order system. Please designate 1-2 employees (preferably on-site) responsible for inputting work orders.

Contact Person #1: _____
Email address: _____ Direct Phone #: _____
Contact Person #2: _____
E-mail address: _____ Direct Phone #: _____

AFTER-HOURS EMERGENCY CONTACT

Is there an alarm system? Yes / No

If yes, instructions for entry/code: _____

Please list the name & phone number of the two people within your organization to be notified in the event of an after-hours emergency regarding your space.

Name: _____ Phone: _____
Name: _____ Phone: _____

BILLING INFORMATION

Company Name: _____
Attention: _____
Address: _____
City/State/Zip: _____
Accounts Payable e-mail address: _____



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Direct Phone #: _____

FIRST RESPONDER / FIRE WARDEN

Please list the person(s) within your organization that will serve as First Responder/Fire Warden in the event of an emergency during normal business hours. Full floor tenants should have at least five. Use an additional sheet of paper to provide their names.

Fire Warden #1: _____

Phone #: _____ Alternate Phone #: _____

Fire Warden #2: _____

Phone #: _____ Alternate Phone #: _____

Fire Warden #3: _____

Phone #: _____ Alternate Phone #: _____

PHYSICALLY IMPAIRED

Please list the names of any physically challenged employees in your office.

Name: _____ Type of Limitation: _____

Name: _____ Type of Limitation: _____

Name: _____ Type of Limitation: _____