

# Tenant Contact Form

## PRINT CLEARLY

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Suite #: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Main Number #: \_\_\_\_\_ Main Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

### Emergency Contacts

Amoco Building Management is requesting contact information from your company intended for *After Hours Emergencies*. Please list three (3) people and their telephone numbers and e-mail addresses in the order you would like us to attempt to contact in the event of an emergency.

#### Primary Contact

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
After Hours Telephone #

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Alternate Phone # or Cellular

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#### 1st Alternate

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
After Hours Telephone #

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Alternate Phone # or Cellular

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#### 2nd Alternate

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
After Hours Telephone #

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Alternate Phone # or Cellular

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