



1875 K STREET
TENANT CONTACT FORM

Please complete the following form and return it to the Property Management Office. Keep a reference copy for your future use.

Corporate/Firm Name: _____
Suite Number: _____
Telephone #: _____
Fax #: _____
E-Mail Address: _____

Day-to-day Operations & After-hours Emergency Contacts:

1. _____
Name _____ Title _____
Office Phone _____ Fax _____
After-hours Phone Number or Pager _____ E-mail Address _____

2. _____
Name _____ Title _____
Office Phone _____ Fax _____
After-hours Phone Number or Pager _____ E-mail Address _____

3. _____
Name _____ Title _____
Office Phone _____ Fax _____
After-hours Phone Number or Pager _____ E-mail Address _____

Rental Payment & Lease Inquires Contact:

1. _____
Name _____ Title _____
Office Phone _____ Fax _____
E-mail Address _____
Address (If different from above) _____

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TENANT CONTACT FORM - continued

Fire/Safety Wardens:

1. _____
Name
_____ Title
Office Phone _____
E-mail Address
2. _____
Name
_____ Title
Office Phone _____
E-mail Address
3. _____
Name
_____ Title
Office Phone _____
E-mail Address

Employees who Require Assistance in an Emergency:

1. _____
Name
_____ Type of Assistance Needed
Office Phone _____
Type of Assistance Needed (cont'd).
Floor _____
E-mail Address _____
2. _____
Name
_____ Type of Assistance Needed
Office Phone _____
Type of Assistance Needed (cont'd).
Floor _____
E-mail Address _____
3. _____
Name
_____ Type of Assistance Needed
Office Phone _____
Type of Assistance Needed (cont'd).
Floor _____
E-mail Address _____