

**PARK SQUARE BUILDING
EMERGENCY NOTIFICATION INFORMATION**

Please complete this form and return it to our office as soon as possible. (Please type or print clearly.)

Company Name: _____

Address & Suite #: _____

Business Phone: _____ Primary Tenant Contact: _____

Tenant Contact Direct Phone #: _____ E-mail Address: _____

In the event of an emergency, whom would you like to be contacted?

FIRST _____ Telephone: _____
(Name) (Office)

(Title) (Cell/Home)

SECOND _____ Telephone: _____
(Name) (Office)

(Title) (Cell/Home)

THIRD _____ Telephone: _____
(Name) (Office)

(Title) (Cell/Home)

List the person who should be contacted if there is a problem with your rent account:

(Name) (Title) (Phone)

If you would like correspondence sent to an address other than the leased premises, please list below:

