THE PARK SQUARE BUILDING 31 St. James Avenue Boston, MA 02116

SAFETY WARDENS

TENANT NAME:	
SUITE #:PHONE NUMBER(S)	
SAFETY WARDEN and THEIR PHONE NUMBER(S), include mobile and office:	
ALTERNATE SAFETY WARDEN and THEIR PHONE NUMBER(S), include mobile and offic	e:
ASSISTANT SAFETY WARDEN(S) and THEIR PHONE NUMBER(S), include mobile and offi	ice:
2	
ALTERNATE(S) and THEIR PHONE NUMBER(S), include mobile and office:	
1	
2	
SEARCHERS (2 per Tenant) and THEIR PHONE NUMBERS, mobile and office: 1	
2	
Tenant Safe Gathering Location: 1.	_

Please complete this form and return it to the Capital Properties Building Management Office at 31 St. James Avenue via email at parksq@capprop.com or fax to 617.542.2552.