



Signature Authorization / Emergency Contact Information

Directions: Please provide a name, email, phone number for each of the contacts below. Type or print clearly. Do not leave blank fields, repeat duplicate contact information if applicable.

TENANT INFORMATION:

Company Name: _____ Suite(s) #: _____
Telephone Number: _____ Date: _____

TENANT CONTACTS:

Principal / Executive Contact: *Authorized Party to the lease*

Name: _____ Office Number: _____
Cell Phone Number: _____
E-mail Address: _____

Principal / Executive Contact: *Authorized Party to the lease*

Name: _____ Telephone Number: _____
E-mail Address: _____

Office Manager/Administrator: *General Manager or person handling day-to-day operations*

Name: _____ Telephone Number: _____
E-mail Address: _____

Accounting/Accounts Receivable: *Person responsible for Accounts Payable (rent payments) inquiries*

Name: _____ Telephone Number: _____
E-mail Address: _____

Suite / Floor Warden: *Person designated to handle Fire Life Safety responsibilities and Fire Drill training*

Name: _____ Telephone Number: _____
E-mail Address: _____



the olive.

Legal Notification Contact: *Person or entity to be notified of any legal correspondence pertaining to your lease.*

Attn:	_____	Attn:	_____
Title:	_____	Title:	_____
Company Name:	_____	Company Name:	_____
Address:	_____	Address:	_____
	_____		_____
Email:	_____	Email:	_____
Phone Number:	_____	Phone Number:	_____

EMERGENCY/SECURITY CONTACT INFORMATION

Please list below the name of two (2) or three (3) persons who are to be contacted in case of an emergency occurring after working hours. **This information will remain confidential and will be used only by building management personnel in the event of an emergency.**

Name:	Title:	Cell #:	E-Mail Address:

TENANT AUTHORIZED REPRESENTATIVE

Names of those authorized to sign service invoices for billable expenses, after-hours access, property removal passes, access card & key requests, etc.

NAME & TITLE - Please Print	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____

As an authorized agent for the Company named above, I authorize Olive Hill Group, LLC to take direction from the Authorized Representative named above. Signature by one of the above persons on a service invoice constitutes agreement by to pay for services.

the olive.

BUSINESS HOURS – DAYS PER WEEK: Please indicate your normal working hours and days of week you operate your business office and/or approximate visitor hours: _____

HOLIDAY SCHEDULE: Please indicate the scheduled Holidays your office recognizes during the calendar year:

NUMBER OF EMPLOYEES: Please indicate the number of full-time employees in your office: _____

This form will be kept in the Building Management Office for reference checking of signatures on billable requests and for after-hours/emergency contact information. Your cell phone numbers are confidential and will only be used in the event of an emergency or for after-hours information. Please complete this form and return to csantos@olivehillgroup.com