

**TENANT INFORMATION FORM****BUILDING :** 2001 M Street**DATE:****TENANT NAME :****SUITE:**

| General Tenant Information   |               |   |                      |
|--|---------------|---|----------------------|
| Legal Tenant Name:   |               | Number of Employees:                                    |                      |
| Mailing Address:   |               | Internet Website:                                       |                      |
| Main Phone Number:   |               | Type of Business:                                       |                      |
| Main Fax Number:   |               | Operating Hours:  |                      |
| <b>Tenant Representative (Primary Contact)</b>   |               | <b>Accounting Contact (Rental Statements/Invoicing)</b> |                      |
| Name:  |               | Name:   |                      |
| Title:   |               | Title:  |                      |
| Mailing Address:   |               | Mailing Address:  |                      |
| Phone No.  |               | Phone No.   |                      |
| Email Address:   |               | Email Address:  |                      |
| <b>Senior Contact (Leasing/Renewals)</b>   |               | <b>Other Contact (Specify Department)</b>               |                      |
| Name:  |               | Name:   |                      |
| Title:   |               | Title:  |                      |
| Mailing Address:   |               | Mailing Address:  |                      |
| Phone No.  |               | Phone No.   |                      |
| Email Address:   |               | Email Address:  |                      |
| <b>Service Requests &amp; Building Communication</b>   |               |   |                      |
| <i>Please list all employees eligible to issue online service requests (billable and nonbillable) below. These individuals will also receive general building notifications (i.e., elevator outages) unless otherwise noted.</i> |               |   |                      |
| <b>Contact Name/Title</b>  | <b>Room #</b> | <b>Office Phone</b>                                     | <b>Email Address</b> |
|  |               |   |                      |
|  |               |   |                      |
|  |               |   |                      |
|  |               |   |                      |
|  |               |   |                      |
|  |               |   |                      |
| <b>Please refer to "Emergency Contact Form" to list contacts for Emergency Alerts, Fire Wardens &amp; Disabled.</b>  |               |   |                      |

# Brookfield

## Emergency Alert, Fire Wardens & Disabled

**BUILDING :** 2001 M Street

**DATE:**

**TENANT NAME :**

**SUITE:**

### "LiveSafe" Emergency Alert System Contacts (minimum of three (3))

| Contact Name/Title | Room # | Email Address | Office Phone | Cell Phone | Other |
|--------------------|--------|---------------|--------------|------------|-------|
|                    |        |               |              |            |       |
|                    |        |               |              |            |       |
|                    |        |               |              |            |       |
|                    |        |               |              |            |       |
|                    |        |               |              |            |       |

### Fire Wardens (Please refer to the Tenant Emergency Action Plan for requirements)

| Contact Name/Title | Room # | Email Address | Office Phone | Cell Phone | Other |
|--------------------|--------|---------------|--------------|------------|-------|
|                    |        |               |              |            |       |
|                    |        |               |              |            |       |
|                    |        |               |              |            |       |
|                    |        |               |              |            |       |
|                    |        |               |              |            |       |

### Individuals Requiring Assistance

| Contact Name/Title | Room #/Location | Form of Disability | Office Phone | Cell Phone | Helper |
|--------------------|-----------------|--------------------|--------------|------------|--------|
|                    |                 |                    |              |            |        |
|                    |                 |                    |              |            |        |
|                    |                 |                    |              |            |        |

### Tenant Evacuation Place

**During an evacuation, tenants are not permitted to congregate directly in front of or immediately around the building. Each tenant should designate a meeting point for personnel a safe distance away from the emergency.**

Please list intersection or landmark:

It is the responsibility of each tenant to keep a fully updated contact form on file with the Management Office in the event of an emergency.