

# Tenant Fire Warden Information

**IMPORTANT:** This form is to designate a Tenant Fire Warden(s) who will be responsible for the duties as outlined in the Building Fire Life Safety Plan. Please complete the section below in correspondence to any persons that may require additional assistance in the event of an emergency. **If your company has multiple floors, please complete 1 form per floor.**

Company name:	Suite No:
Tenant representative (first and last name):	Title:
Telephone:	Email address:
Signature:	Date submitted (mm-dd-yy):

Designated Assembly Area:	
1. Tenant fire warden (first and last name):	
Telephone:	Email address:
2. Tenant fire warden (first and last name):	
Telephone:	Email address:
3. Tenant fire warden (first and last name):	
Telephone:	Email address:

**Important:** Please complete the section below in correspondence to any persons that may require assistance in the event of an emergency.

First and last name:	
Telephone:	Email address:
Rationale/Reason:	
First and last name:	
Telephone:	Email address:
Rationale/Reason:	

**This section of the form is to be completed by the management office.**

Received by:	Date (mm-dd-yy):	Time:
Comments:		

To complete the PDF form, download and save the file to your desktop before filling in the appropriate information (please fill in the form electronically, do not write out by hand). Then attach and send via email to:  
[50bay@bentallgreenoak.com](mailto:50bay@bentallgreenoak.com)