

# Tenant Emergency & Power Shut Down Information

**IMPORTANT:** This form is to be completed to provide building security with emergency telephone numbers and to enable them to contact you during non-business hours.

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

Emergency: <input type="checkbox"/> Power Shutdown: <input type="checkbox"/>		
1. First and last name	Title:	
Main telephone no.:	Alternate telephone no.:	Email address:

Emergency: <input type="checkbox"/> Power Shutdown: <input type="checkbox"/>		
2. First and last name:	Title:	
Main telephone no.:	Alternate telephone no.:	Email address:

Emergency: <input type="checkbox"/> Power Shutdown: <input type="checkbox"/>		
3. First and last name	Title:	
Main telephone no.:	Alternate telephone no.:	Email address:

Emergency: <input type="checkbox"/> Power Shutdown: <input type="checkbox"/>		
4. First and last name:	Title:	
Main telephone no.:	Alternate telephone no.:	Email address:

A) Is there a security system within the suite? <input type="checkbox"/> YES <input type="checkbox"/> NO	B) Is the security system being monitored? <input type="checkbox"/> YES <input type="checkbox"/> NO	C) If yes, please indicate in the space provided below. <input type="checkbox"/> YES <input type="checkbox"/> NO
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If the answer is "yes", to any of the answers above, please complete the section below.

Security company name:	Contact name:	
Telephone (day):	Telephone (24 hour):	Email address:

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)