

**300 PARK AVENUE SOUTH**  
**2016 / 2017 TENANT INFORMATION FORMS**

To maintain current and accurate records, we ask that you complete the information below, even if the information is the same as the previous year. This information you provide will enable us to coordinate building operations and inform the appropriate parties in case of an emergency. Please feel free to attach additional pages of contact information if there is more than one responsible party.

If your company is a multi-floor tenant and there are different contacts for different floors, please make additional copies of the TENANT INFORMATION FORMS to include the necessary information for each contact and floor.

**TENANT COMPANY NAME:** \_\_\_\_\_

CHIEF EXECUTIVE OFFICER / PRESIDENT: \_\_\_\_\_

FLOOR AND/OR SUITE#: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_

BUSINESS FAX #: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

\*\* If you have a SUB-TENANT(S), please list them below and have them fill out a copy of the TENANT INFORMATION FORMS.

SUB-TENANT(S) COMPANY NAME: \_\_\_\_\_

**FACILITIES MANAGER – THE PERSON(S) TO CONTACT DURING BUSINESS HOURS:**

**PRIMARY:**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_

**SECONDARY:**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_

Please list the names & emails of the individuals to receive miscellaneous building announcements. These names will replace those from previous years.

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**EMERGENCY CONTACTS:**

NAME OF PERSON(S) TO BE CONTACTED IN CASE OF AN EMERGENCY DURING NON-BUSINESS HOURS:

PRIMARY:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SECONDARY:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**NUMBER OF PEOPLE – THAT REGULARLY OCCUPY YOUR SPACE:**

# OF PEOPLE: \_\_\_\_\_ FLOOR: \_\_\_\_\_

# OF PEOPLE: \_\_\_\_\_ FLOOR: \_\_\_\_\_

# OF PEOPLE: \_\_\_\_\_ FLOOR: \_\_\_\_\_

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**ACCOUNTING CONTACT** - RESPONSIBLE FOR RENT PAYMENT, OPERATING EXPENSES (TENANT CHARGES), METERED UTILITIES ETC:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_

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**EMERGENCY ACTION PLAN:**

It is important that we re-confirm all information currently on file with the Property Management Office.

**EAP / FIRE WARDEN:**

First & Last Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**EAP / DEPUTY WARDEN:**

First & Last Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\*\* Each company is required to have (1) Male & (1) Female Searcher:

	MALE	FEMALE
<b><u>SEARCHERS:</u></b>		
First & Last Name:	_____	_____
Office Phone #:	_____	_____
Cell Phone #:	_____	_____
Home Phone #:	_____	_____
E-Mail Address:	_____	_____



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FLOOR: \_\_\_\_\_

**HOLIDAYS:**

PLEASE INDICATE "OPEN" OR "CLOSED" FOR EACH HOLIDAY.

HOLIDAY	DATE	OPEN	CLOSED
NEW YEAR'S DAY			
MARTIN LUTHER KING DAY			
PRESIDENT'S DAY			
GOOD FRIDAY			
MEMORIAL DAY			
INDEPENDENCE DAY			
LABOR DAY			
COLUMBUS DAY			
THANKSGIVING DAY			
DAY AFTER THANKSGIVING			
CHRISTMAS EVE			
CHRISTMAS DAY			
DAY AFTER CHRISTMAS			
NEW YEAR'S EVE			
NEW YEAR'S DAY			
DAY AFTER NEW YEAR'S			

Other days or holidays when your office will be closed, or, closing early:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_