

Tenant Contact Form

THE GAS COMPANY TOWER
555 West 5th Street | Los Angeles, CA 90013

Business Information

Date: _____

Company Name: _____

Type of Business: _____ Main Suite #: _____

Main Phone #: _____ Main Fax #: _____

of Employees: _____ # of Computers: _____

Business Contacts

Emergency numbers will only be used in case of emergencies, please be sure to give a number other than office phone numbers where individuals can be reached after hours.

Principal of Company - <u>on site</u>:	Direct Office Phone #:
E-mail Address:	Office Fax Phone #:
After Hrs Emergency Phone #1: Mobile Home	After Hrs Emergency Phone #2: Mobile Home

Primary Daily Contact/Office Manager:	Direct Office Phone #:
E-mail Address:	After Hrs Emergency Phone #: Mobile Home

Secondary Contact:	Direct Office Phone #:
E-mail Address:	After Hrs Emergency Phone #: Mobile Home

Accounting Contact:	Direct Office Phone #:
E-mail Address:	Accounting Address - if off site:

Property Removal Authorization Contacts

Please list persons authorized to sign property removal passes on your company's behalf, which will allow for removal of equipment/furnishings from your office.

Authorized Contact #1 (Print Name):	Authorized Contact #1 Signature:
Authorized Contact #2 (Print Name):	Authorized Contact #2 Signature:
Authorized Contact #3 (Print Name):	Authorized Contact #3 Signature: