

9440 Santa Monica Blvd.

Avison Young
 601 S. Figueroa Street, Suite 4450
 Los Angeles, CA 90017
 dawn.williams@avisonyoung.com

TENANT INFORMATION FORM

Please complete the following information, regarding your tenancy at 9440 Santa Monica Blvd. and email it to the building manager, Dawn Williams at dawn.williams@avisonyoung.com. **Please note that it is the tenants' responsibility to provide updated Tenant Information to the Building Manager as necessary to keep current.**

EFFECTIVE DATE		# OF OCCUPANTS	
TENANT NAME			
ADDRESS			
OFFICE PHONE #	()	<u>FACSIMILE</u>	()
OFFICE HOURS OF OPERATION			

TENANT CONTACT PERSONNEL:	Please provide the name(s) of those individuals whom Management may contact regarding general Building issues in order of contact preference. Please provide a minimum of two names.		
NAME	EMAIL	OFFICE #	
1			
2			
3			

AUTHORIZED TENANT PERSONNEL:	Please provide the name(s) and signatures of those individuals who are authorized to make decisions and authorize expenditures for your firm.		
NAME		SIGNATURE	
TITLE/			
OFFICE #	()	<u>email</u>	
NAME		SIGNATURE	
TITLE/			
OFFICE #	()	<u>email</u>	
NAME		SIGNATURE	
TITLE/			
OFFICE #	()	<u>email</u>	

EMERGENCY CONTACT PERSONNEL:	Please provide the name(s) of at two (2) individuals whom the Building may contact in the event of an after-hours Building emergency regarding your tenancy.
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NAME		OFFICE #	
TITLE		CELL #	
		HOME #	
		OTHER #	

NAME		OFFICE #	
TITLE		CELL #	
		HOME #	
		OTHER #	

TENANT FIRE LIFE SAFETY FLOOR WARDEN / ALTERNATE FLOOR WARDEN:	Please provide the name(s) of those individuals who have been designated as the Fire Life Safety Floor Warden and Alternate Floor Warden for your leased premises. Please provide one warden and one alternate.
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	NAME	TITLE	OFFICE #	EMAIL
1				
2				

ACCOUNTING CONTACT	Please list the name(s) of the person in your organization that may be contacted regarding rent and other accounting matters. Include the email addresses for receipt of rent statements.
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	NAME	PHONE#	EMAIL
1			
2			
3			

* * PLEASE ADD PAGES AS NECESSARY * *