

One North Franklin

Tenant Contact Information Form

Note: Tenant is required to update this information annually (or as data changes) and resubmit this form to the Property Management Office: 1NF@am.jll.com.

Company: _____ **Suite or Floor Number:** _____

Main Phone Number: _____ **Main Fax Number:** _____

Primary Contact: _____ **Primary Contact:** _____

Nature of Business: _____ **Form Completed By:** _____

Date Form Completed: _____ **Number of Employees:** _____

Additional Company Contacts (provide name and email):

Accounting/Billing Contact: _____

Certificate of Insurance Contact: _____

Work Order Request Contact: _____

Work Order Request Contact 2: _____

The following individuals are to be contacted, in the order they appear, in the event of a **Day-Time Emergency (8am-5pm):**

Name	Title	Office Phone	Cell Phone	Email Address

The following individuals are to be contacted, in the order they appear, in the event of an **After-Hours Emergency:**

Name	Title	Office Phone	Cell Phone	Email Address

Please identify members of the **Leadership Team**, or those who make executive decisions, and whether they are local:

Name	Title	Office Phone	Local	Email Address

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Tenant Fire Life Safety Emergency Teams

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Floor Number:		Phone Number:	
Tenant:		Number of Employees:	
Emergency Team Position	Name of Designated Person	Phone	Email
Floor Warden			
Assistant Floor Warden			
Stairway Monitor			
Stairway Monitor			
Elevator Monitor			
Elevator Monitor			
Aid to Disabled Persons			
Searcher			
Searcher			
Searcher			
Searcher			

Please repeat use of this form for tenancy in excess of one floor.

