

**GATEWAY PLAZA
TENANT CONTACT REGISTER**

DATE _____

Tenant / Subtenant: _____

Day to Day Primary Contact(s):

Name: _____

Position/Title: _____

Office Phone #: _____

After Hours Emergency #: _____

Name: _____

Position/Title: _____

Office Phone #: _____

After Hours Emergency #: _____

Authorized Requestor(s) for Building Services (i.e. Extra Work, ID Cards):

Name: _____

Position/Title: _____

Office Phone #: _____

After Hours Emergency #: _____

Name: _____

Position/Title: _____

Office Phone #: _____

After Hours Emergency #: _____

Emergency Notification Contact(s):

Name: _____

Position/Title: _____

Office Phone #: _____

After Hours Emergency #: _____

Name: _____

Position/Title: _____

Office Phone #: _____

After Hours Emergency #: _____