

JAMES TOWER
TENANT CONTACT FORM



BUILDING _____
COMPANY _____
ADDRESS _____
PHONE # _____ FAX _____ WEBSITE _____

	NAME	PHONE/EXT.	E-MAIL
LEASE ADMIN.	_____	_____	_____
ACCOUNTING MGR.	_____	_____	_____
OFFICE MANAGER	_____	_____	_____
FACILITY MANAGER	_____	_____	_____

AFTER HOURS EMERGENCY CONTACTS

Please provide names and phone numbers for individuals that should be contacted in case of emergency.

PLEASE PRINT

1. _____ Home: _____
Title _____ Cell: _____
Pager: _____

2. _____ Home: _____
Title _____ Cell: _____
Pager: _____

3. _____ Home: _____
Title _____ Cell: _____
Pager: _____

SPECIAL INSTRUCTIONS

Please attach another sheet to describe and or list any special features or personnel (not listed above) that could be contacted in the event of an off hour emergency; safety officers, security systems, unique or critical mechanical systems.

JAMES TOWER
ACCESS CARD / PARKING REQUEST FORM



SECTION 1

DATE _____ CARD NUMBER _____

COMPANY NAME _____

SUITE NUMBER _____ PHONE NUMBER _____

CARD HOLDER / INDIVIDUAL NAME _____

ACTION TYPE

NEW CARD

- Card Lost/Stolen
- Card Broken
- Card Malfunction
- New Issue/Employee

ACCESS CHANGE

- Add/Cancel Access
- Add/Cancel Parking

REISSUE / NAME CHANGE

CARD TERMINATION

- Card Retained by Tenant
- Card Returned to Sabey
- Card Lost
- Card Stolen

ACCESS LEVEL

1. 24 Hour Access (Sunday-Sunday)
2. Monday - Friday Only 24 Hour Access
3. Monday - Friday Only 6:00 AM-7:00 PM

SECTION 2 - PARKING

EFFECTIVE DATE FOR PARKING _____ MANAGER APPROVAL _____

CAR MODEL

COLOR

LICENSE PLATE NUMBER

Vehicle #1 _____

Vehicle #2 _____

Parking is to be paid by: Company Card Holder/Individual Other: _____

CARD HOLDER INFORMATION:

ADDRESS _____ TELEPHONE _____

_____ FACSIMILE _____

PLEASE NOTE: A MINIMUM OF 24 HOURS IS REQUIRED FOR CARD ISSUE. THE PARKING GARAGE IS MANAGED BY PACIFIC PARKING LLC, (206) 282-5580.
 TENANT WILL BE CHARGED A \$35 FEE FOR REPLACEMENT OF A LOST ANNUAL PARKING PERMIT.

SECTION 3 - SIGNATURE

(SIGNATURE REQUIRED FOR ALL REQUESTS)

TENANT CONTACT SIGNATURE _____ DATE _____

NEW CARD NO	PROGRAMMER INITIALS	DATE	BILLING AMMOUNT
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JAMES TOWER

TENANT PLAQUE / DIRECTORY REQUEST FORM



1. TENANT PLAQUE

(4"X6" DOOR SIGN - 14 LETTERS PER LINE, 3 LINES TOTAL - PLEASE PRINT)

Please have my tenant Plaque read exactly as follows:

A large, empty rectangular box with a black border, intended for the tenant to write the text for their plaque.

2. TENANT DIRECTORY STRIP

(37 CHARACTERS, INCLUDES SPACES, ONE LINE TOTAL - PLEASE PRINT)

NUMBER OF STRIPS REQUESTED _____

Please have my Tenant Strip read exactly as follows: (Include Suite Numbers)

A large, empty rectangular box with a black border, intended for the tenant to write the text for their directory strip.

TENANT SIGNATURE

PHONE NUMBER

DATE
