

Chase Tower/Circle Building
 111 Monument Circle, Suite 222
 Indianapolis, IN 46204

TENANT CONTACT INFORMATION LIST

Company	_____	Suite Number/Floor	_____
Main Phone Number	_____	Main Fax Number	_____
Primary Contact	_____	Primary Contact Title	_____
Primary Contact Direct Line	_____	Email Address	_____
CEO	_____	# of Employees	_____
Nature of Business	_____		

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

Name	Title	Home Phone	Pager/Cell Number	Office Direct Line

The following individuals are to be contacted in the event that **After Hours Access** needs to be provided:

Name	Title	Home Phone	Pager/Cell Number

The following individuals are authorized to **request, sign, and approve billable Work Orders**:

Name	Title	Office Direct Line

The following individuals are designated as **Key Control Authorities** (can authorize requests for key copies):

Name	Title	Office Direct Line

The following individuals are responsible for **lease payments** and payments related to occupancy:

Name	Title	Office Direct Line	Fax Number	Address (if not the same)

Completed By: _____

Date _____

Email address

Email Address (if you would like your statement sent via email)