



Signature Authorization / Emergency Contact Information

Directions: Please provide a name, email, phone number for each of the contacts below. Type or print clearly. Do not leave blank fields, repeat duplicate contact information if applicable.

TENANT INFORMATION:

Company Name: Suite(s) #: Telephone Number: Date:

TENANT CONTACTS:

Principal / Executive Contact: Authorized Party to the lease Name: Office Number: Cell Phone Number: E-mail Address:

Principal / Executive Contact: Authorized Party to the lease Name: Telephone Number: E-mail Address:

Office Manager/Administrator: General Manager or person handling day-to-day operations Name: Telephone Number: E-mail Address:

Accounting/Accounts Receivable: Person responsible for Accounts Payable (rent payments) inquiries Name: Telephone Number: E-mail Address:

Suite / Floor Warden: Person designated to handle Fire Life Safety responsibilities and Fire Drill training Name: Telephone Number: E-mail Address:

# THE COURTYARD

200-300 CORPORATE POINTE

**Legal Notification Contact:** *Person or entity to be notified of any legal correspondence pertaining to your lease.*

Attn: _____	Attn: _____
Title: _____	Title: _____
Company Name: _____	Company Name: _____
Address: _____	Address: _____
_____	_____
Email: _____	Email: _____
Phone Number: _____	Phone Number: _____

**EMERGENCY/SECURITY CONTACT INFORMATION**

Please list below the name of two (2) or three (3) persons who are to be contacted in case of an emergency occurring after working hours. **This information will remain confidential and will be used only by building management personnel in the event of an emergency.**

Name:	Title:	Cell #:	E-Mail Address:

**TENANT AUTHORIZED REPRESENTATIVE**

Names of those authorized to sign service invoices for billable expenses, after-hours access, property removal passes, access card & key requests, etc.

<p><b>NAME &amp; TITLE - Please Print</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>SIGNATURE</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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As an authorized agent for the Company named above, I authorize Olive Hill Group, LLC to take direction from the Authorized Representative named above. Signature by one of the above persons on a service invoice constitutes agreement by to pay for services.

# THE COURTYARD

200-300 CORPORATE POINTE

**BUSINESS HOURS – DAYS PER WEEK:** Please indicate your normal working hours and days of week you operate your business office and/or approximate visitor hours: \_\_\_\_\_

**HOLIDAY SCHEDULE:** Please indicate the scheduled Holidays your office recognizes during the calendar year:

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF EMPLOYEES:** Please indicate the number of full-time employees in your office: \_\_\_\_\_

This form will be kept in the Building Management Office for reference checking of signatures on billable requests and for after-hours/emergency contact information. Your cell phone numbers are confidential and will only be used in the event of an emergency or for after-hours information. Please complete this form and return to [gruiz@olivehillgroup.com](mailto:gruiz@olivehillgroup.com).