

## TENANT INFORMATION SHEET

### General Information

Tenant Name: \_\_\_\_\_ Suite: \_\_\_\_\_

*(If Applicable)*

Sub-tenant of: \_\_\_\_\_ Leasing To: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_

### Main Office Contact

*The name of and contact information of the person who is the main contact with the Office of the Building. This person is also designated to receive and distribute the tenant news emails.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*(Alternate Contact)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is this individual authorized to create new key requests  Yes  No

*(Key Control Authority)?*

*(if no, please list who)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is this individual authorized to approve property removal passes  Yes  No

*(if no, please list who)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Executive Contact**

*The name and contact information of the person who is the executive contact for your company. This person is also designated to receive leasing and legal documents on behalf of the company.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*(Alternate Contact)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Rent Statements**

*The name and contact information of the person to be contacted in relation to monthly rent statement adjustments and payments.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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**Emergency Contacts**

*The name and after-hour phone numbers of persons to be contacted in case of an emergency or other after hour issue.*

Name: \_\_\_\_\_ Email: Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**IT Contact Information**

*The names and phone numbers of person to be contact in case of an IT issue.*

Name: \_\_\_\_\_ Email: Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Please list the equipment that under no circumstances should be touched by building personnel or cleaning staff:

Are there any hazardous materials kept in your suite or storage area? If yes, please list the materials, its purpose, and its location.

Please list the number of computers located in your suite (*Chicago Energy Benchmarking Requirement*).

Please list the number of servers located in your suite (*Chicago Energy Benchmarking Requirement*).

## Fire / Life Safety Information

Tenant Name: \_\_\_\_\_ Suite: \_\_\_\_\_

### Head Safety Coordinator/Fire Warden:

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### Assistant Fire Warden:

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Alternate Fire Warden: \_\_\_\_\_

### Searchers

1. Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### Stairwell Monitor(s)

1. Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### Alternate Stairwell Monitor(s)

1. Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Elevator Monitor**

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Alternate Elevator Monitor**

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Please list your company's designated assembly areas outside the building that will be used as rally points in the event of a building evacuation (at least two blocks from the building):

Assembly Area 1: \_\_\_\_\_  
\_\_\_\_\_

Assembly Area 2: \_\_\_\_\_  
\_\_\_\_\_

**Occupants**

*In order to plan for tenant appreciation events, emergency planning, and continue our Energy Star Certification please provide occupant information.*

Total number of Occupants: \_\_\_\_\_

Occupants during the day: \_\_\_\_\_

Occupants after-hours: \_\_\_\_\_

*If you occupy more than one floor, please specify occupants per floor*

DAY:

Occupants on Floor # \_\_\_\_\_ :

Occupants on Floor # \_\_\_\_\_ :

NIGHT:

Occupants on Floor # \_\_\_\_\_ :

Occupants on Floor # \_\_\_\_\_ :

Please list employees needing assistance and names of the aides who will assist them to the stairwell in case of an evacuation. Please attach additional pages as needed.

Name: \_\_\_\_\_ Aides: \_\_\_\_\_

Location: \_\_\_\_\_

Assistance Needed: \_\_\_\_\_

Name: \_\_\_\_\_ Aides: \_\_\_\_\_

Location: \_\_\_\_\_

Assistance Needed: \_\_\_\_\_

# 125

SOUTH WACKER  
CHICAGO

**Please return the completed form to the Office of the Building in Suite 210 or email to [125SWacker@callahan-management.com](mailto:125SWacker@callahan-management.com) as soon as possible.**

*Please remember to keep this sheet up-to-date at all times. This information is consistently used by the Office of the Building and is necessary to keep all tenant properly informed. As a tenant, it is your responsibility to provide us with any updates. If you have any questions, please call the Office of the Building at (312)346-5511.*

Tenant Information Sheet Completed By:

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you!