

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: _____

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: _____

Please return the completed form to the Office of the Building in Suite 210 or email to 125southwacker.info@hines.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!