

ATTACHMENT 1

500 North Michigan Tenant Contact Information List

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

Company:	Suite or Floor Number:	
Main Phone Number:	Main Fax Number:	
	Email Address of Daily	
Daily Contact:	Contact:	
	Email Address of Executive	
Executive Contact:	Contact:	
Nature of Business:	Completed By:	
	Number of Employees (day	
Date Completed:	and night):	

The following individuals are to be contacted, in order as they appear, in the event of a **Day-time Emergency**:

Name	Title	Home Phone	Pager/Cell Number	Email Address

The following individuals are to be contacted in the event of an After-hours Emergency:

Name	Title	Home Phone	Pager/Cell Number	Email Address

Jones Lang LaSalle Americas, Inc.T + 1 :Markets Property Managementjll.co500 N Michigan Avenue, Suite 2008Chicago, Illinois 60611

T +1 312 291 3500 jll.com



ATTACHMENT 2

500 North Michigan Tenant Floor Emergency Teams

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

Floor #:					
Floor Emergency Team/Position	Name, Office Phone and Email of Designated Person	Name, Office Phone, and Email of Alternate			
Area Warden					
Floor Leader(s)					
Elevator/Stairwell Monitors					
Aids to Disabled Persons					
Searchers (minimum 2)					
Communicator Between Floor Leaders (if applicable)					

Floor #:

Floor Emergency Team/Position	Name, Office Phone and Email of Designated Person	Name, Office Phone, and Email of Alternate
Area Warden		
Floor Leader(s)		
Elevator/Stairwell Monitors		
Aids to Disabled Persons		
Searchers (minimum 2)		
Communicator Between Floor Leaders (if applicable)		

Please copy and repeat use of this form for tenancy in excess of two floors.



ATTACHMENT 3

500 North Michigan Persons Requiring Assistance

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

First and Last Name	Floor #	Location on Floor	Email Address and Office Phone Number	Type of Disability or Assistance Needed