

**AUTHORIZED TENANT CONTACTS**

**PROPERTY:** 1300 MAIN

**TENANT NAME:** \_\_\_\_\_

**SUITE NUMBER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**DAY TIME CONTACT INFORMATION/ MEMO DISTRIBUTION LIST**

AUTHORIZED PERSONNEL TO BE CONTACTED DURING BUSINESS HOURS & RECEIVE BUILDING MEMOS

CONTACT NAME:      OFFICE NUMBER:      FAX NUMBER:      EMAIL ADDRESS:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

**AFTER HOURS CONTACT INFORMATION**

AUTHORIZED PERSONNEL TO BE CONTACTED FOR EMERGENCIES/AFTER HOUR ACCESS, EMPLOYEE ACCESS TO SUITE:

CONTACT NAME:      HOME NUMBER:      CELL / PAGER NUMBER:      EMAIL ADDRESS:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

AUTHORIZED PERSONAL TO APPROVE ACCESS CARD ISSUANCE/DELETIONS & PROPERTY REMOVAL FROM SUITE:

CONTACT NAME:      CONTACT NUMBER:      CELL / PAGER NUMBER:      EMAIL ADDRESS:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

AUTHORIZED PERSONNEL TO REQUEST OVERTIME AIR CONDITIONING:

CONTACT NAME:      CONTACT NUMBER:      CELL / PAGER NUMBER:      EMAIL ADDRESS:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**In my absence the above listed personnel have authority as designated in the applicable areas.**

By: \_\_\_\_\_  
TENANT

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

Please return this form to:

Transwestern Commercial Services  
1300 Main St., Suite 1200  
Houston, TX 77002  
(281)822-3669  
(281)822-3670 fax  
[Stephanie.Scott@Transwestern.net](mailto:Stephanie.Scott@Transwestern.net)