

Jones Lang LaSalle

COMPANY: _____ **Suite #:** _____

DATE: _____

TENANT EMERGENCY CONTACT LIST

Please list below the person or persons who should be contacted in the event of an emergency situation in your tenant space after regular business hours.

EMPLOYEE NAME	HOME PHONE NO.	CELL PHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return the completed form to The Office of the Building in Suite 2950 as soon as possible.