

# NORTH 180 LASALLE

## Tenant Information Sheet

GENERAL INFORMATION Note: Full floor tenants must fill out separate sheet for each occupied floor

Company \_\_\_\_\_ Suite/Floor \_\_\_\_\_ Main Phone Number \_\_\_\_\_

(if applicable) Subtenant of \_\_\_\_\_ Description of Business \_\_\_\_\_ Date Form Updated \_\_\_\_\_

TENANT COMMUNICATION CONTACTS

Employees listed below will be added to Building Engines, the building work order and broadcast messaging system, and will receive communications pertaining to the following categories. Employees may have multiple boxes checked.

- Tenant Contact** *receives and distributes tenant emails from building management, places work orders*
- Authorized Personnel** *approves billable work orders, maintains key control and authorizes visitor entry\**
- Executive Management** *orders and approves executive decisions*
- Certificate of Insurance Contact** *receives notice when certificate of insurance needs update or renewal*
- Billing Contact** *receives rent statements and any communication pertaining to tenant billing*
- Property Removal Authorization** *authorizes removal of property from the suite\**

\* page 5 must be signed for signature comparison

Employee Name	Tenant Contact	Executive Mgmt	Authorized Personnel	Property Removal	COI Contact	Billing Contact
<i>Title</i>						
<i>Office Phone</i>						
<i>Cell Phone</i>						
<i>Email</i>						
<i>Title</i>						
<i>Office Phone</i>						
<i>Cell Phone</i>						
<i>Email</i>						
<i>Title</i>						
<i>Office Phone</i>						
<i>Cell Phone</i>						
<i>Email</i>						
<i>Title</i>						
<i>Office Phone</i>						
<i>Cell Phone</i>						
<i>Email</i>						
<i>Title</i>						
<i>Office Phone</i>						
<i>Cell Phone</i>						
<i>Email</i>						

**Emergency Contacts**

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

Name:	Home Phone:	Cellular Phone:	Alternate Email
_____	_____	_____	_____
_____	_____	_____	_____

**IT Contact Information**

*The names and phone numbers of persons to be contacted in case of an IT issue.*

Name: _____	E-mail Address: _____
Phone Number: _____	Cellular Phone: _____

Equipment that under no circumstances should be touched by building personnel or cleaning staff: (Please list equipment & location)

Are there any hazardous materials kept in your suite or storage area? If yes, please list the material, 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*).

# NORTH 180 LASALLE

## 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: \_\_\_\_\_

Searcher (s)

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

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

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

Stairwell Monitor (s)

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

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

Alternate Stairwell Monitor (s)

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

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

Elevator Monitor

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Elevator Monitor

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Home 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: \_\_\_\_\_

# NORTH 180 LASALLE

## Occupants

*In order to plan for tenant appreciation events and for emergency planning please provide occupant information.*

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

Occupants During Day: \_\_\_\_\_

Occupants During Night: \_\_\_\_\_

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

DAY

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

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

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

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

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

NIGHT

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

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

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

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.*

Employee

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

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

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

Employee

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

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

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

**Please return the completed form to the Office of the Building in Suite 1920 or email to [180nlasalle@am.ill.com](mailto:180nlasalle@am.ill.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 tenants properly informed. As a tenant, it is your responsibility to provide us with any updates. Remember to update your security listings as well. For help, please call the Office of the Building at (312) 827-7800.*

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Tenant Information Sheet Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Removal Pass Authorization**

**COMPANY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Below please list the names of those employees indicated as "Authorized Personnel" and "Property Removal Authorization" on page 1. The corresponding signatures will be used by security and management for verification.*

**EMPLOYEE**

**SIGNATURE**

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