



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: _____
Daily Contact: _____	Email Address of Daily Contact: _____
Executive Contact: _____	Email Address of Executive Contact: _____
Financial Contact: _____	Email Address of Financial Contact: _____
Nature of Business: _____	Completed By: _____
Date Completed: _____	Number of Employees (day 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



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.

