

**TENANT CONTACT INFORMATION**

Please complete and return to Angela Woolsey via email [awoolsey@vanderbiltop.com](mailto:awoolsey@vanderbiltop.com). Please feel free to contact us with questions at 512.330.4012.

**GENERAL INFORMATION**

Tenant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Company Web Site, if applicable: \_\_\_\_\_ Approx. # of Employees: \_\_\_\_\_

**ON-SITE CONTACT**

(Who handles the day-to-day issues with building management? Who will be responsible for placing service requests? Please designate one person in your office and a back-up.)

Primary: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Back-Up: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**ACCESS CARD AND KEY REQUEST CONTACT**

(Who is authorized to request new access cards and have additional keys cut for the Suite?)

Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**WORK ORDER ESTIMATE CONTACT**

(Who is authorized to approve estimates for work orders that require an additional cost to the Tenant?)

Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**RENT PAYMENT CONTACT**

(Where do we send rent statements and who do we contact about payments?)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**INSURANCE CONTACT**

(Who do we contact about maintaining a current Certificate of Insurance?)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**LEASING CONTACT**

(Who do we contact about renewing your lease, expansion, etc.?)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**EMERGENCY CONTACT**

(Who do we contact for after hours building emergencies? Please designate one primary contact and a back-up.)

Primary: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_  
Back-Up: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

**WARDENS**

(This person should be a responsible individual capable of performing a leadership role in an emergency situation i.e. fire drills, evacuations.)

Warden Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Alternate Warden Name: \_\_\_\_\_ Email Address: \_\_\_\_\_