



## TENANT EMERGENCY CONTACT FORM

**\*The information provided on this form is for CBRE, Inc internal-use only and will be kept confidential\***

**CBRE, Inc | 2741 DeBarr Road, Ste 401, Anchorage, AK 99508 | 907-264-1465 | infoAK@cbre.com**

FULL COMPANY NAME: \_\_\_\_\_

SUITE NUMBER: \_\_\_\_\_ BUILDING ADDRESS: \_\_\_\_\_

OFFICE TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_ NO. EMPLOYEES: \_\_\_\_\_

OFFICE CONTACT EMAIL: \_\_\_\_\_

**CONTACT INFORMATION:** (Office Manager/Primary will be the first point of contact for any building related issues, announcements, newsletters, cost approvals, etc.)

**Office Manager/Primary:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Accounting (Rents/Payables): \_\_\_\_\_ Phone: \_\_\_\_\_

Security Access: \_\_\_\_\_ Phone: \_\_\_\_\_

**AFTER HOURS EMERGENCY INFORMATION:** (In order of first point of contact)

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

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

Please describe any internal security system you have and provide contact information if applicable:

\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION:**

1. Brief description of business/practice: \_\_\_\_\_

2. Hours of operation: \_\_\_\_\_

3. Do your employees work any other time other than during normal hours of operation? If so, when

\_\_\_\_\_  
\_\_\_\_\_

4. What holidays does your business observe?

\_\_\_\_\_  
\_\_\_\_\_

5. Does your practice store any flammable or toxic chemicals on site? If so, what are they and where are they stored?

\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

Printed Name

Signature

Date