



TENANT AUTHORIZATION, EMERGENCY CONTACT & BUSINESS CONTACT INFORMATION SHEET- PAGE 1/3

The information provided in this form will enable us to coordinate building activities and share information with appropriate parties in the day-to-day operations of the property or in the event of an emergency. Once you have filled out this information sheet, kindly email to 101NWacker@am.jll.com, or return to the Management Office at: 101 N. Wacker, Suite 350, Chicago, IL 60606. If you have any questions, do not hesitate to call the Management Office at 312-525-8100.

Name of Company: _____ Suite Number(s): _____ Date Form Updated _____

Phone No.: _____ Fax No: _____ Company Business Hours: _____ Number of Occupants: _____ DAY: _____ NIGHT: _____

Please TYPE your responses below and add/delete rows if necessary.

EMERGENCY:

Please list below persons to contact in case of an emergency or to authorize admittance to the suite(s) listed above:

Name	Title	Direct Phone	Home Phone	Mobile Phone	E-mail address	Contact for After-Hours Issues (i.e. Suite Access)	Contact ONLY in Emergency (i.e. power outage)
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

After normal business hours, please admit individuals not possessing keys to our office on the following basis (check one):

- Anyone presenting reasonable identification
 Only persons cleared by phone with any of the above persons
 No one without our written authorization

DAY- TO-DAY BUSINESS OPERATIONS, WORK ORDER, SERVICE AND PROPERTY REMOVAL REQUESTS:

Please list below persons authorized to request and sign for billable work, service and/or the removal of material or equipment from building:

Name	Title	Main Phone	Mobile Phone	E-mail address	Include on Property Emails	Authorized to Submit Work Orders	Authorized to Sign for Billable Work	Authorized to Add Visitors	Authorized to Sign Property Removal Form
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BILLING - Please list below person to be contacted regarding payment of rent (or where the rent statement should be mailed):

Name: _____

Address: _____

Phone: _____

E-mail: _____

CERTIFICATE OF INSURANCE (COI) CONTACT-
Please list the contact person regarding the COI on file

Name: _____

E-mail: _____

IT CONTACT INFORMATION – Please list the contact person in case of an IT issue

Name: _____

Phone: _____

Mobile Phone: _____

E-mail: _____



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COMPANY: _____

Lobby Directory (Please give the verbiage of exactly how you would like your company name displayed in the building directory in the lobby):

COMPANY NAME	SUITE #

Executives (Please provide the names and a title of your company executive's located at 101 N Wacker):

NAME	TITLE

Authorized Signatures (Persons Authorized to Sign *Property Removal Form* and sign for *Billable Work* must have a signature on file below):

NAME	SIGNATURE



HOLIDAY OFFICE CLOSURES FORM

COMPANY: _____

HOLIDAY	OPEN	CLOSED	EARLY CLOSURE/ HALF DAY
Martin Luther King, Jr. Day			
President's Day			
Friday before Memorial Day			
Memorial Day			
Day before Independence Day			
Independence Day			
Day after Independence Day			
Friday before Labor Day			
Labor Day			
Columbus Day			
Veterans Day			
Day before Thanksgiving			
Thanksgiving Day			
Day after Thanksgiving			
Day before Christmas Eve			
Christmas Eve			
Christmas Day			
Day after Christmas			
New Year's Eve			
New Year's Day			
Day after New Year's			
Additional Holiday (Provide Date)			
Additional Holiday (Provide Date)			