|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Building** | **Floor** | **Suite** | **Email Address** | **Main Work Number** | **Tenant Contact*****(Main Contact, Management Issues, etc.)***  | **Accounting Contact *(Rent Increases, Escalations, etc.)*** | **Receive Building Notifications and Events** | **Authorize Billable Charges *(work orders, HVAC overtime, etc.)*** | **Request Services****(Lights, cleaning, etc.)**  | **Request Reservations** **(Conference Room/Freight Elevator)** | **Request Visitors Access** |
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Please submit the completed form to MonroeBusinessCenter@shorenstein.com**

**CONTACT INFORMATION:***Please enter your contacts who will work directly with the Building Management Office. Contact’s responsibilities consist of, submitting requests, accounting representative, authorize billable charges, etc.*

**EMERGENCY INFORMATION:***Please enter your contacts who will need to receive emergency notifications, perform floor warden duties, or require assistance during an emergency.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Building** | **Floor** | **Suite** | **Email Address** | **Main Work Number** | **Cell Number** | **Emergency Afterhours Contact** | **Receive Emergency Notifications** | **Floor Warden/Suite Monitor/Fire Drill Contact** | **Certified in CPR/First Aid** | **Disability-Needs assistance during a fire drill\*** | **Needs Assistance\* Special Notes: Enter detailed description of what assistance is needed.** |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |
|  |  |  |  |  |  |  |  |[ ] [ ] [ ] [ ] [ ]   |

**BUILDING ACCESS CARDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Building** | **Floor** | **Suite** | **Card Number** | **After Hours Access** |
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  |[ ]
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |
|  |  |  |  |  |  | [ ]  |