



Jones Lang LaSalle

Jones Lang LaSalle Americas, Inc.
Cypress Park West
6700 North Andrews Ave.
Suite 106
Fort Lauderdale, FL 33309

TENANT AUTHORIZATION, EMERGENCY CONTACT & BUSINESS CONTACT INFORMATION SHEET

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 it to Tania.Leon@am.jll.com. If you have any questions, do not hesitate to call the Management Office at phone number.

Name of Firm: _____

Suite No.: _____ Phone No.: _____ Fax No.: _____

Company Business Hours: _____

Please attach a list of your employees at this building as well as a company holiday schedule.

EMERGENCY:

Please list below persons to be contacted in case of an emergency or to authorize admittance to the suite listed above:

Table with 5 columns: Name & Title, Direct Phone, Home Phone, Mobile Phone, e-mail address. Contains 3 empty rows for data entry.

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:

Please list below persons to be contacted for day-to-day business operations:

Table with 4 columns: Name & Title, Main Phone, Direct Phone, e-mail address. Contains 3 empty rows for data entry.

WORK ORDER, SERVICE AND PROPERTY REMOVAL REQUESTS:

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

Table with 4 columns: Name & Title, Main Phone, Direct Phone, e-mail address. Contains 3 empty rows for data entry.

BILLING

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

Form fields for billing contact: Name, Title, Street Address, City, ST & ZIP, Phone, Fax, E-mail Address.

SPECIAL ASSISTANCE

Please list below any employees who may require special assistance during an emergency due to a disability (for multiple-floor tenants please indicate which floor each employees is on):

Form with bullet points for listing special assistance requirements.