SHORENSTEIN

REALTY SERVICES

TENANT CONTACT INFORMATION

Please complete this form in its entirety prior to move-in, or, as requested by the Building Services Office. Please complete appropriate sections whenever changes in authorized persons occur within your organization. Thank you.

Tenant Information:

Today's Date: _____

Tenant: _____ Suite No. _____

Billing Address: _____

Office Phone: ( ) _____ Office FAX: ( ) _____

Date: _____ Approximate # of employees at this site: _____

Business Hours (weekdays): _____

Business Hours (weekends): _____

Contact Information

Primary Contact: _____Phone ( )_____

Title: _____ E-mail: _____

Secondary Contact: _____ Phone ( ) _____

Title: _____E-mail: _____

Accounting Contacts

Please indicate the individual(s) to be contacted regarding Accounting issues, such as: rent, operating expenses, and real estate taxes.

Name	Office Phone
_____	_____
_____	_____

Key Executive Contacts -

Please indicate the key executives for your company, and whether they are on or off-site.

Name	Office Phone
_____	_____
_____	_____

Building Services Authorization

Please list the name of the person(s) for/from your office who will be authorized to request building services such as heating, ventilation/air conditioning, lighting, and janitorial services. Please select the tenant role for each employee by writing T1, T2, T3, or T4 after each name. For your reference, attached is a description of each tenant level.

Name	Email	Office Phone

Authorized Signatures

Please list below the names of persons authorized to sign Property Removal Passes.

Name	Signature	Office Phone

Emergency Contact Information

Please list below the names and phone numbers of at least two (2) persons who are to be contacted in case of an after hours emergency. If possible, please also provide alternate numbers (i.e. cell phone and pager numbers).

Name	Title	Home / Cell / Pager

Security

Please list below the names and phone numbers of any person(s) responsible for your company's security. If possible, please also provide alternate numbers (i.e. cell phone and pager numbers).

Name	Title	Home / Cell / Pager

Floor Wardens

Please designate a floor monitor and several alternates for each floor to ensure a prompt and orderly response to an emergency situation.

Name	Email	Office Phone

Please return this completed form to the Property Management Office as soon as possible. Thank you!

Shorenstein Realty Services 50 California Street San Francisco CA 94111
Fax: 415.391.4861 Telephone: 415-956-5550

WORKSPEED TENANT ROLES

T1: Primary contact(s) from tenant company – *authorized to approve cost estimates*
T2: Assistant to Tenant 1 level users – *authorized to approve cost estimates*
T3: Tenant employees with Workspeed access
T4: Tenant general staff (only access to Visitor Request functionality)

Tenant Privileges:

ACCESS/CAPABILITY	TENANT 1	TENANT 2	TENANT 3	TENANT 4
Create service request	**X**	**X**	Must be authorized by TI or T2	Visitor Only
View all company service requests	**X**	Only for own service request	Only for own service request	
Authorize service requests	From T3	From T3		
Create shared resource request	**X**			
Approve cost estimates	**X**	**X**		
Sign off on completed work if requested	**X**	**X**		
Perform user administration	For T2, T3 and T4			
View Workspeed users for Company	**X**			