

# OXFORD EMERGENCY CONTACT INFORMATION

Please **fill out** on your computer if possible. **SAVE** this form on your computer for your records and future updates.  **Return form** via email to **meagles@oxfordproperties.com**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tenant Name |  | | Date |  |
| Building Name | 225 FRANKLIN | Suite Number |  | |
| Main Phone |  | Main Fax |  | |
| Number of Employees |  | Type of Business |  | |

BUSINESS CONTACTS

Please provide us the names and daytime phone numbers of the following contacts for your office:

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilities / Day to Day Contact** |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Decision Maker/Executive** |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Accounting Contact** |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

EMERGENCY RESPONSE EVACUATION TEAM

Please provide us the name and contact information for the person who is in charge of the company’s emergency response team:

|  |  |  |  |
| --- | --- | --- | --- |
| **Evacuation Team Leader** |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

SPECIAL ASSISTANCE

Self-Identified Person(s) Requiring Special Assistance with the Type of Assistance Required

Please provide us the name and phone number for the person who requires assistance along with the assigned evacuation assistants.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee |  | Day time phone |  |
| Type of Assistance Required |  | | |
| Assigned Evacuation Assistants |  | | |
| Employee |  | Day time phone |  |
| Type of Assistance Required |  | | |
| Assigned Evacuation Assistants |  | | |

GENERAL EMAIL CORRESPONDANCE

Please provide us the name and email address for each person who would like to receive general building information via email.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email Address |  |
| Name |  | Email Address |  |
| Name |  | Email Address |  |
| Name |  | Email Address |  |
| Name |  | Email Address |  |
| Name |  | Email Address |  |

BILLABLE SERVICE REQUESTS

Please list persons who are authorized to request billable services from 310MAXX. *(If you need additional space – please use a separate page)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

VISITOR ACCESS

Please list persons who are authorized to submit visitors on behalf of the tenant.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

PROPERTY REMOVAL AUTHORIZATION CONTACTS

Please list at least two (2) persons authorized to sign property removal passes that allow for removal of equipment or furnishings from your office.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Day time phone |  |
| Title |  | Fax |  |
| Email Address |  | Mobile |  |