

EMERGENCY CONTACT FORM Emergency Alert, Fire Wardens & Disabled

BUILDING :	-				
TENANT NAME :			SUITE NO. :		
"Send Word Now" Emergency Alert System Contacts (minimum of three (3))					
Contact Name/Title	Room #	Email Address	Office Phone	Cell Phone	Other
Fire Wardens (Please refer to the Tenant Emergency Action Plan for requirements)					
Contact Name/Title	Room #	Email Address	Office Phone	Cell Phone	Other
Individuals Requiring Assistance					
Contact Name/Title	Room #/Location	Form of Disability	Office Phone	Cell Phone	Helper
Tenant Evacuation Place					
During an evacuation, tenar tenant should designate a n					uilding. Each

It is the responsibility of each tenant to keep a fully updated contact form on file with the Management Office in the event of an emergency.