



Union Bank Plaza
Office of the Building
445 South Figueroa Street
Suite 2960
Los Angeles, CA 90071

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 fax it to 213.550.2620, email it to lina.hernandez@unionbankplaza.com or mail it to the Management Office at: 445 S. Figueroa Street, Suite 2960; Los Angeles, CA 90071. If you have any questions, do not hesitate to call the Management Office at 213.550.2610.

Name of Firm: _____

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

Company Business Hours: _____ No. of Employees: _____

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:

| Name & Title | Direct Phone | Home Phone | Mobile Phone | e-mail address |
|--------------|--------------|------------|--------------|----------------|
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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:

| Name & Title | Main Phone | Direct Phone | e-mail address |
|--------------|------------|--------------|----------------|
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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:

| Name & Title | Main Phone | Direct Phone | Signature |
|--------------|------------|--------------|-----------|
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BILLING

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

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):

- _____
- _____
- _____
- _____
- _____
- _____

DATE FORM UPDATED/SUBMITTED: _____