

NORTH 180 LASALLE

Tenant Information Sheet

GENERAL INFORMATION Note: Full floor tenants must fill out separate sheet for each occupied floor

Company _____ Suite/Floor _____ Main Phone Number _____

(if applicable) Subtenant of _____ Description of Business _____ Date Form Updated _____

TENANT COMMUNICATION CONTACTS

Employees listed below will be added to Building Engines, the building work order and broadcast messaging system, and will receive communications pertaining to the following categories. Employees may have multiple boxes checked.

- Tenant Contact** *receives and distributes tenant emails from building management, places work orders*
- Authorized Personnel** *approves billable work orders, maintains key control and authorizes visitor entry**
- Executive Management** *orders and approves executive decisions*
- Certificate of Insurance Contact** *receives notice when certificate of insurance needs update or renewal*
- Billing Contact** *receives rent statements and any communication pertaining to tenant billing*
- Property Removal Authorization** *authorizes removal of property from the suite**

* page 5 must be signed for signature comparison

Employee Name	Tenant Contact	Executive Mgmt	Authorized Personnel	Property Removal	COI Contact	Billing Contact
_____ <i>Title</i> _____ <i>Office Phone</i> <i>Cell Phone</i> _____ <i>Email</i> _____						
_____ <i>Title</i> _____ <i>Office Phone</i> <i>Cell Phone</i> _____ <i>Email</i> _____						
_____ <i>Title</i> _____ <i>Office Phone</i> <i>Cell Phone</i> _____ <i>Email</i> _____						
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_____ <i>Title</i> _____ <i>Office Phone</i> <i>Cell Phone</i> _____ <i>Email</i> _____						
_____ <i>Title</i> _____ <i>Office Phone</i> <i>Cell Phone</i> _____ <i>Email</i> _____						
_____ <i>Title</i> _____ <i>Office Phone</i> <i>Cell Phone</i> _____ <i>Email</i> _____						

Emergency Contacts

The names and after-hour phone numbers of persons to be contacted in case of an emergency or other after-hour issue.

Name:	Home Phone:	Cellular Phone:	Alternate Email
_____	_____	_____	_____
_____	_____	_____	_____

IT Contact Information

The names and phone numbers of persons to be contacted in case of an IT issue.

Name: _____	E-mail Address: _____
Phone Number: _____	Cellular Phone: _____

Equipment that under no circumstances should be touched by building personnel or cleaning staff: (Please list equipment & location)

Are there any hazardous materials kept in your suite or storage area? If yes, please list the material, its purpose, and its location.

Please list the number of computers located in your suite (*Chicago Energy Benchmarking Requirement*).

Please list the number of servers located in your suite (*Chicago Energy Benchmarking Requirement*).

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Fire / Life Safety Information

Tenant Name: _____ Suite: _____

Head Safety Coordinator/Fire Warden:

Name: _____ Office Phone: _____ Cell Phone: _____

Assistant Fire Warden

Name: _____ Office Phone: _____ Cell Phone: _____

Alternate Fire Warden: _____

Searcher (s)

Name: _____ Office Phone: _____ Cell Phone: _____

Name: _____ Office Phone: _____ Cell Phone: _____

Name: _____ Office Phone: _____ Cell Phone: _____

Stairwell Monitor (s)

Name: _____ Office Phone: _____ Cell Phone: _____

Name: _____ Office Phone: _____ Cell Phone: _____

Alternate Stairwell Monitor (s)

Name: _____ Office Phone: _____ Cell Phone: _____

Name: _____ Office Phone: _____ Cell Phone: _____

Elevator Monitor

Name: _____ Office Phone: _____ Home Phone: _____

Alternate Elevator Monitor

Name: _____ Office Phone: _____ Home Phone: _____

Please list your company's designated assembly areas outside the building that will be used as rally points in the event of a building evacuation (at least two blocks from the building):

Assembly Area 1: _____

Assembly Area 2: _____

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Occupants

In order to plan for tenant appreciation events and for emergency planning please provide occupant information.

Total number of Occupants: _____

Occupants During Day: _____

Occupants During Night: _____

If you occupy more than one floor please specify occupants per floor

DAY

Occupants on Floor #____: _____

Occupants on Floor #____: _____

Occupants on Floor #____: _____

Occupants on Floor #____: _____

Occupants on Floor #____: _____

NIGHT

Occupants on Floor #____: _____

Occupants on Floor #____: _____

Occupants on Floor #____: _____

Occupants on Floor #____: _____

Occupants on Floor #____: _____

Please list employees needing assistance and names of the aides who will assist them to the stairwell in case of an evacuation. Please attach additional pages as needed.

Employee

Name: _____ Aides: _____

Location: _____

Assistance Needed: _____

Employee

Name: _____ Aides: _____

Location: _____

Assistance Needed: _____

Please return the completed form to the Office of the Building in Suite LL-020 or email to 180nlasalle.info@hines.com as soon as possible.

Please remember to keep this sheet up-to-date at all times. This information is consistently used by the Office of the Building and is necessary to keep all tenants properly informed. As a tenant, it is your responsibility to provide us with any updates. Remember to update your security listings as well. For help, please call the Office of the Building at (312) 827-7800.

Tenant Information Sheet Completed By: _____ Date: _____

Property Removal Pass Authorization

COMPANY: _____

DATE: _____

Below please list the names of those employees indicated as "Authorized Personnel" and "Property Removal Authorization" on page 1. The corresponding signatures will be used by security and management for verification.

EMPLOYEE

SIGNATURE
