



TENANT AFTER HOURS EMERGENCY #'S

TENANT NAME: _____

ADDRESS: _____ FLOOR: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ FAX #: _____

TENANT CONTACT: _____

EMAIL ADDRESS: _____

NUMBER OF EMPLOYEES: _____

In case of emergency in the building affecting your space **after hours**, you will be contacted by someone from PSP Management LP. Please list below the person(s) we should contact:

NAME	CELL PHONE	HOME PHONE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

PERSON COMPLETING THIS FORM: _____

DATE: _____

Please make a copy of this form, complete the information and return it to PSP Management LP. If changes in your office occur, please furnish PSP Management LP. with an updated form.