



# CLIENT CONTACT FORM

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ SUITE/PO BOX \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

CORPORATE WEBSITE \_\_\_\_\_

**DAILY OFFICE CONTACT** (i.e. Facility Manager, Office Manager, V.P. Administration, etc.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ TRANSIT # \_\_\_\_\_

**SENIOR EXECUTIVE CONTACT** (President, CEO, Managing Director, etc.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**SECURITY/LIFE SAFETY CONTACTS** (Passcard Authorization Forms, etc.)

AUTHORIZED SIGNATORIES - NAME	TELEPHONE	SPECIMEN SIGNATURE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

**AFTER-HOURS EMERGENCY CONTACTS**

NAME	RESIDENTIAL TELEPHONE
1 _____	_____
2 _____	_____

**MIR3 – MASS NOTIFICATION SYSTEM CONTACTS**

1 NAME \_\_\_\_\_ 2 NAME \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_  
CELL/BLACKBERRY \_\_\_\_\_  
EMAIL \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_  
CELL/BLACKBERRY \_\_\_\_\_  
EMAIL \_\_\_\_\_

**3** NAME \_\_\_\_\_  
WORK TELEPHONE \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_  
CELL/BLACKBERRY \_\_\_\_\_  
EMAIL \_\_\_\_\_

**4** NAME \_\_\_\_\_  
WORK TELEPHONE \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_  
CELL/BLACKBERRY \_\_\_\_\_  
EMAIL \_\_\_\_\_

**EVACUATION WARDENS**

**1** \_\_\_\_\_

**5** \_\_\_\_\_

**2** \_\_\_\_\_

**6** \_\_\_\_\_

**3** \_\_\_\_\_

**7** \_\_\_\_\_

**4** \_\_\_\_\_

**8** \_\_\_\_\_

**Completed by:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Update Audit:** To ensure the validity of the information provided – this form must be updated on a quarterly basis. If there are no changes, please date and sign below.

No Changes. Review date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_.

No Changes. Review date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_.

If you have sub-tenant information, please complete the Sub-Tenant Contact Form.

*Your privacy is very important to us. Personal information collected from you will only be used in emergency incidents or where verification is required for situations including premises access, and will remain confidential to The Cadillac Fairview Corporation Limited and its affiliates ("Cadillac Fairview"). It will however be disclosed to any entity that acquires Cadillac Fairview provided such entity similarly agrees to protect your privacy. If you wish to have a copy of Cadillac Fairview's privacy policy, or have a privacy question or concern, you may contact us in writing at the following address:*

*Attn: Chief Privacy Officer  
The Cadillac Fairview Corporation Limited  
Suite 500, 20 Queen Street West  
Toronto, Ontario  
M5H 3R4  
Fax no. 416.598.8222*

**PLEASE FAX OR EMAIL COMPLETED FORM TO:  
TENANT RELATIONS DEPARTMENT  
THE CADILLAC FAIRVIEW CORPORATION, TORONTO EATON CENTRE  
416-598-8762 OR [patrick.nurse@cadillacfairview.com](mailto:patrick.nurse@cadillacfairview.com)**