

CLIENT CONTACT FORM



BUSINESS NAME _____

ADDRESS _____

_____ SUITE/PO BOX _____

TELEPHONE _____

NATURE OF BUSINESS _____

CORPORATE WEBSITE _____

DAILY OFFICE CONTACT (Facility Manager, Office Manager, VP, etc.)

Primary contact for day-to-day operational matters (e.g. landlord access requests and tenant communications)

NAME _____ TITLE _____

TELEPHONE _____

EMAIL _____

*Any additional contacts can be sent in a Word document

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

NAME _____ TITLE _____

TELEPHONE _____

EMAIL _____

SECURITY/LIFE SAFETY CONTACTS

Authorized to order/cancel passcards, lock/unlock doors & secured elevators, guidance on after-hours access for internal staff.

AUTHORIZED SIGNATORIES – NAME	TELEPHONE	SIGNATURE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

AFTER-HOURS EMERGENCY CONTACTS

Notified of incidents and emergencies (e.g. leaks, potential business disruptions, etc.) outside standard business hours. Please note that contacts will be contacted in the order provided.

NAME	AFTER HOURS TELEPHONE
1 _____	_____
2 _____	_____
3 _____	_____



CLIENT CONTACT FORM (CONT'D)

SEND WORD NOW CONTACTS (if applicable)

Mass notification used for building-wide emergencies and service interruptions. Those on the list will receive an email and/or text and/or automated phone call with details of the incident. Messages may come at any time of the day/night.

<p>1. NAME _____</p> <p>WORK TELEPHONE _____</p> <p>HOME TELEPHONE _____</p> <p>CELL _____</p> <p>EMAIL _____</p>	<p>2. NAME _____</p> <p>WORK TELEPHONE _____</p> <p>HOME TELEPHONE _____</p> <p>CELL _____</p> <p>EMAIL _____</p>
<p>3. NAME _____</p> <p>WORK TELEPHONE _____</p> <p>HOME TELEPHONE _____</p> <p>CELL _____</p> <p>EMAIL _____</p>	<p>4. NAME _____</p> <p>WORK TELEPHONE _____</p> <p>HOME TELEPHONE _____</p> <p>CELL _____</p> <p>EMAIL _____</p>

FIRE WARDENS

	NAME	PHONE NUMBER	EMAIL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PLEASE EMAIL TO: kristina.hollywood@cadillacfairview.com

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 _____

If you have sub-tenant information, please complete this form for them.

Your privacy is very important to us. Any personal information collected from you will only be used by The Cadillac Fairview Corporation Limited ("CF") in emergency incidents or where verification is required for situations including premises access. For more information regarding our collection, use and disclosure of personal information, please refer to our privacy policy.

If you have a privacy question or concern, you may contact CF's Chief Privacy Officer at 416-598-8200 or cfprivacy@cadillacfairview.com.

I have read and acknowledge the above privacy statement and consent to the collection, use and disclosure of my personal information for the purposes stated therein.