

# CLIENT CONTACT FORM



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

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_

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

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

**DAILY OFFICE CONTACT (Facility Manger, 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](mailto: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. 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 Cadillac Fairview's Chief Privacy Officer in writing at the following address:

The Cadillac Fairview Corporation Limited  
Suite 500, 20 Queen Street West  
Toronto, Ontario M5H 3R4