

BUILDING : Northbridge Place, 105 Adelaide Street West

SUITE NO. : _____

TENANT NAME : _____
(Please Print)

DATE : _____

Normal Hours of Operation : _____ **A.M.** to _____ **P.M.**

| Contact Name | Title | Telephone Numbers | | | Email | BlackBerry PIN (Optional) |
|--------------|-------|-------------------|------|-----------------|-------|---------------------------|
| | | Work | Cell | Home (Optional) | | |
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It is imperative that the Property Management Office has a current listing of contacts. A minimum of three (3) or more contacts would be ideal

In the event of an emergency, Brookfield Properties Emergency Alert System (BP-EAS) and/or other means of communication may be used to contact your organization.

Should the emergency contact information change, please update and return this form to the Property Management Office .