WELLS FARGO CENTER
CONTACT FORM

Tenant:

Date:

Main Phone:

Fax Number:

Company Website:

Please assist the Wells Fargo Center Building Management Office in updating our tenant records. In order to contact the appropriate individual in various situations, the following information is needed. Please complete this form and return it to the Building Management Office as soon as possible. If you have subtenants in Wells Fargo Center, please make copies of this form and provide applicable information for all subtenants.

Tenant Contact

The tenant contact will be informed of miscellaneous daytime concerns, special requests, and notifications from the Building Management Office.

Primary:

Daytime Phone:

Email Address:

Secondary:

Daytime Phone:

Email Address:

Access Card Contact

The access card contact is responsible for Building access card administration. This individual should inform the Building Management Office of changes to names and clearance levels for all employees allowed access to the Building via the workorder system. In addition, the contact should report any lost access cards to Building Management Office

Primary:

Daytime Phone:

Home Phone:

Cellular Phone:

Email Address:

Tenant Security Summary

In order to serve our tenants better and to ensure proper documentation and notification please complete the following security system summary.

Is Tenant a Division or Subsidiary of a larger Corporation? Yes ❒ No ❒

Name of Corporation:

Address of Corporate Offices:

Does Tenant have separate Burglar and Fire Alarm protection? Yes ❒ No ❒

Name of Burglar Alarm Company:

Do Burglar Alarms Ring at: ❒ Police HQ ❒ Central Station ❒ Outside Bell

Do Fire Alarms Ring at: ❒ Fire Station ❒ Central Station ❒ Outside Bell

Does Tenant have own Security Department? Yes ❒ No ❒

Security Agency: Phone:

Name of Manager: Phone:

Assistant: Phone:

In Case of Emergency situations occurring outside of business hours, Management should contact the following people (in order in which they should be contacted):

1. Cellular Phone:

2. Cellular Phone:

3. Cellular Phone:

4. Cellular Phone:

WELLS FARGO CENTER
ACCESS CARD START-UP FORM

Please provide each employee's/cardholder's name below as noted. All will be given clearance that includes the building entrances and the passenger elevators to your specific floor(s). If Freight elevator access is required, please note "yes" or "no" in the box provided.

Last Name	First Name	Freight? Y/N

WELLS FARGO CENTER
LOBBY ELECTRONIC DIRECTORY START-UP FORM

Please indicate exactly how your company's name should appear on the lobby electronic directory:

_____

Please provide each employee's name you would like added to the lobby electronic directory below as noted.

Last Name	First Name

WELLS FARGO CENTER
SIGNAGE FORM

Multi Tenant Floor Directory

Please note the print for this signage is all CAPS. Please indicate exactly how your company's name should appear on the floor directory (located in the elevator lobby):

Suite Identification

Please note the print for this sigange is Title Case (Upper and Lower Case). Please indicate exactly how your company's name should appear on your suite identification sign:

Example: Brookfield Properties
Suite 2440