TENANT INFORMATION 400-450 N. Brand Boulevard

Please complete the following tenant information and return to our management office: Attention Lillian Lainez & Maria Gutierrez, Suite 160

Company Name:		
Address:		
Office Fax #		
E-mail Address:		
Accounts Payable C	Contact:	
Number of Employe	es:	
Please list the name		y Contact Information e to be contacted in case of an emergency occurring
after working hours:		
Name:	Title:	Home Phone:
		Alternate Phone:
Name:	Title:	Home Phone:
		Alternate Dhanas
		Alternate Phone:
	Building Servic	es Authorization
Please list the name	e(s) of the person or persons who	
Please list the name services are concer	e(s) of the person or persons who ned, and are authorized to reques	es Authorization will be in charge of your office as far as building
Please list the name services are concern Name:	e(s) of the person or persons who ned, and are authorized to reques	es Authorization will be in charge of your office as far as building at special or overtime services and access cards.
Please list the name services are concern Name: E-mail:	e(s) of the person or persons who ned, and are authorized to reques Title:	es Authorization will be in charge of your office as far as building at special or overtime services and access cards.

Thank you for your assistance.