

**150 KING STREET WEST  
AFTER HOURS EMERGENCY CONTACT**

This form is to be completed to provide building security with emergency telephone numbers to enable them to contact you during non-business hours.

<b>Company Name</b>	<b>Floor(s)</b>	<b>Suite #</b>
<b>Name (please print)</b>	<b>Position</b>	<b>Date</b>
	<b>Telephone</b>	<b>Extension</b>

**Signature** \_\_\_\_\_

**Please provide the name and telephone numbers for persons to be contacted in an emergency. These numbers will be kept confidential and used in an emergency only. Please advise us if this information changes.**

1)	_____	_____	_____	_____
	Name	Position	Home Telephone	Alternate Telephone
2)	_____	_____	_____	_____
	Name	Position	Home Telephone	Alternate Telephone
3)	_____	_____	_____	_____
	Name	Position	Home Telephone	Alternate Telephone
4)	_____	_____	_____	_____
	Name	Position	Home Telephone	Alternate Telephone
5)	_____	_____	_____	_____
	Name	Position	Home Telephone	Alternate Telephone

**Please provide us with additional information regarding your suite.**

A) Do you have an alarm system for your suite? Yes      No

B) If yes, is this system monitored by an alarm company? Yes      No

C) If yes, please fill out this section.

<b>Alarm Company</b>	<b>Contact</b>	<b>Telephone (Day)</b>	<b>24 hour</b>
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D) Are there sensitive areas in your suite which security should be aware, i.e., temperature in computer room? If yes, please indicate the area(s) in the space provided below.

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