

**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.

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

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)	<hr/>	<hr/>	<hr/>	<hr/>
	Name	Position	Home Telephone	Alternate Telephone
2)	<hr/>	<hr/>	<hr/>	<hr/>
	Name	Position	Home Telephone	Alternate Telephone
3)	<hr/>	<hr/>	<hr/>	<hr/>
	Name	Position	Home Telephone	Alternate Telephone
4)	<hr/>	<hr/>	<hr/>	<hr/>
	Name	Position	Home Telephone	Alternate Telephone
5)	<hr/>	<hr/>	<hr/>	<hr/>
	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.		

Alarm Company	Contact	Telephone (Day)	24 hour
<hr/>	<hr/>	<hr/>	<hr/>
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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