

24-Hour Emergency Contact Information

It is necessary for TL Asset Management Corp. to maintain a list of your key employees and their contact information in case of a lockout or an emergency.

Please complete (type or print legibly), sign where indicated and return in the enclosed envelope.

Name of Tenant: _____

Property Address: _____

Office Telephone No.: _____

Name of Emergency Contact: _____

Emergency Contact Telephone No.: _____

Emergency Contact E-mail Address: _____

Other Comments/Information: _____

Second Emergency Contact Information

Name of Emergency Contact: _____

Emergency Contact Telephone No.: _____

Emergency Contact E-mail Address: _____

Other Comments/Information: _____

By: _____
Print name of Authorized Representative **Title**

Signature of Authorized Representative **Date**