

**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**