One South Wacker Tenant Contact Information List

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

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Company:		Suite or Floor Number:						
Main Phone Number:		Main Fax Number:						
Primary Contact:		Email Address of Primary Contact:	Email Address of Primary Contact:					
Nature of Business: Date Completed:		Number of Employees (Day & Night): Completed By:						
								The following individuals are to be inc
Name	Title	Home Phone Number	Cell Phone Number	Email Address				
The following individuals are to be cor	ntacted, in order as they appear, in the ev	vent of a Day-time Emergency:						
Name	Title	Home Phone Number	Cell Phone Number	Email Address				
The following individuals are to be cor	ntacted in the event of an After-hours Em	nergency:						
Name	Title	Home Phone Number	Cell Phone Number	Email Address				
The following individuals are authorize	ed as primary lease contacts:							
Name	Title	Home Phone Number	Cell Phone Number	Email Address				
Nume	Here		Sell File Rumber	Linaii Madi 255				
			•					

The following individuals are to be contacted regarding rent statements and accounting.

Name	Title	Home Phone Number	Cell Phone Number	Email Address	

The following employees are authorized for one or more administrative roles on Rise: (please select which level of access is applicable to each individual)

Name	Title	Cell Phone Number	Email Address	1 South Wacker App Access Level		
				Work Orders	Visitors	Both