

**THE TOWERS AT WILLIAMS SQUARE
TENANT CONTACT / INFORMATION UPDATES**

COMPANY NAME, SUITE & TOWER _____

MAIN PHONE # _____ MAIN FAX # _____

CONTACTS DURING BUSINESS HOURS - PLEASE PLACE IN ORDER OF NOTIFICATION

NAME / TITLE DIRECT PHONE E-MAIL

1. _____
2. _____
3. _____

CONTACTS AFTER BUSINESS HOURS - PLEASE PLACE IN ORDER OF NOTIFICATION

NAME / TITLE HOME PHONE PAGER CELLULAR

1. _____
2. _____
3. _____

EXECUTIVE AND LEASING CONTACTS

NAME / TITLE DIRECT PHONE E-MAIL

1. _____
2. _____
3. _____

FIRE WARDEN ASSIGNMENTS (BY FLOOR)

NAME DIRECT PHONE E-MAIL FLOOR & TOWER

1. _____
2. _____
3. _____
4. _____

Please review the above information for accuracy and return to the Management Office immediately upon occupancy of your suite . If corrections or revisions are necessary, please revise and return this form to the Management Office by fax at 972/869-4820. It is very important to provide the Management Office with the most current information in a timely manner in order to keep our records accurate at all times. Thank You.

Form Completed By _____ Date _____
(PLEASE PRINT)