

**THE TOWERS AT WILLIAMS SQUARE
TENANTS REQUIRING SPECIAL ASSISTANCE**

COMPANY NAME: _____

BUILDING/SUITE: _____

DATE SUBMITTED: _____

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN IT TO THE PROPERTY MANAGEMENT OFFICE.

| EMPLOYEE(S) REQUIRING SPECIAL ASSISTANCE DURING EVACUATION | SUITE/ FLOOR/ OFFICE/ NUMBER | EMPLOYEE E-MAIL ADDRESS | EMPLOYEE PHONE NUMBER | TYPE OF MEDICAL CONDITION | EXPIRATION DATE OF REQUEST |
|---|---------------------------------------|----------------------------|-----------------------------|---------------------------------|----------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

REQUESTING TENANT CONTACT SIGNATURE: _____

PRINTED NAME: _____

SUBMIT TO:

WILLIAMS SQUARE MANAGEMENT OFFICE: COUSINS PROPERTIES
5215 N. O'CONNOR BLVD.
SUITE 1790 – CENTRAL TOWER
IRVING, TEXAS 75039

FAX NUMBER: (972) 869-4820
OFFICE NUMBER: (972) 869-5900