



TENANT INFORMATION FORM

Form CT-01

401 Wilshire

To provide us with information about your operations, please complete this form, have an authorized person sign it and return it to the Office of the Building.

Tenant Name:		Contact Phone #:	
Suite No.:		Date:	

Physical Address:		Main Phone #:	
Billing Address: <i>(if different from above)</i>		After Hours Phone #:	
Type of Company:	Business Hours: ____ a.m. to ____ p.m.	M – F	
Number of Employees at this location:	____ a.m. to ____ p.m.	Weekends & Holidays	
Do you have an alarm system? Yes <input type="checkbox"/> No <input type="checkbox"/>		Permit #:	
Name of Alarm/Security Company:		Phone #:	
<i>(If you would like to add Security to your call list, be sure your alarm/security company has the appropriate information)</i>			
Please inform your Alarm/Security Company whenever Reg 4/evacuation drills are scheduled for the Building.			

Tenant Authorized Person:	Signature:	
	Type/print name & title:	

Please remember to inform us promptly if there are any changes.