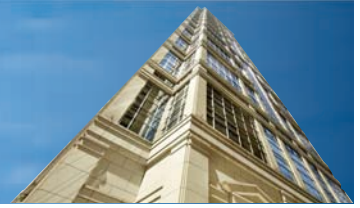


# 77 WEST WACKER

## Emergency Contact List



Tenant Name:

Tenant Contact:

Suite Number:

Telephone Number:

The following individuals are to be contacted, in the order they appear, in the event of a **SUITE OR BUILDING EMERGENCY**:

Name	Mobile Phone Number	E-mail Address	Home Phone Number

The following individuals are to be contacted in the event that **ACCESS** to tenant space needs to be provided after regular building hours:

Name	Mobile Phone Number	E-mail Address	Home Phone Number

The following individuals are authorized to sign a **PROPERTY REMOVAL PASS** in the event property needs to be removed from the building:

Name	SIGNATURE	Mobile Phone Number	E-mail Address	Home Phone Number

The following individuals are **EMERGENCY COMPUTER NETWORK CONTACTS** (In-House IT/MIS Department):

Name	Mobile Phone Number	Direct Office Number	E-mail Address	Home Phone Number

The following is the **LOCATION OF THE COMPUTER NETWORK ROOM**:

Floor	Room	Location – Please Check				
		<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	Other:
		<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	Other:
		<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	Other:
		<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	Other: