



TENANT CONTACT INFORMATION FORM

Tenant Name: _____

Please indicate the designated contact person for your office. This person will be the administrative liaison for your office that will make all calls to the Management Office in order to ensure a timely response and avoid confusion for services billed. In addition, all information coming from the Management Office will be directed to your liaison.

NAME: _____

DIRECT PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

TENANT BILLING

Please indicate the billing contact(s) for your organization. Rent statements are emailed every month, and will be sent to the person(s) you indicate below. Please also provide your organization's Federal Tax ID number for our billing system.

NAME: _____

DIRECT PHONE NUMBER: _____

EMAIL: _____

NAME: _____

DIRECT PHONE NUMBER: _____

EMAIL: _____

FEDERAL TAX ID NUMBER _____



Emergency Contact Information Form

Tenant Name: _____

Please provide three (3) people to be contacted in case of an emergency.

Emergency notifications will be delivered via email through the Electronic Tenant Portal.

Name: _____

Title: _____

Office # _____

Cell # _____

Email: _____

Name: _____

Title: _____

Office # _____

Cell # _____

Email: _____

Name: _____

Title: _____

Office # _____

Cell # _____

Email: _____



BUILDING SIGNAGE FORM

Please indicate below exactly how your company should be represented on the building signage.



“Move-In/Move-Out”

Email to shill@greenwichofficepark.com

Tenant Name: _____ Building: _____ Floor _____

Contact: _____ Telephone: _____

Moving Date: _____ Moving Time: _____

Moving Company: _____

Contact Name: _____

Area to be Moved (Check One)

Full Floor _____ Partial Floor _____ Single Suite _____

Forwarding Address and Phone Number: _____

Moving Rules & Regulations

1. All moves must be made between hours of 6:00 p.m. to 8:00 a.m. Monday through Friday, or anytime on Saturday and Sunday. Moves must be scheduled with the Management Office at least two (2) weeks in advance.
2. Moving Companies:
 - A minimum of \$2,000,000 in General Liability, \$1,000,000 automobile liability, \$4,000,000 umbrella liability coverage and standard Workers Compensation insurance is required.
 - **Greenwich Park, LLC, Greenwich Park Mezz, LLC and Greenwich Premier Services** must be named as Additional Insured on the certificate.
 - A copy of the Certificate of Insurance must be sent to the Management Office at least five (5) days prior to the proposed move.
 - Tenant must notify the Management Office of the moving vendor's schedule. Any last minute changes in schedule must be called in to the after-hours number 203-531-7061.
 - All moving personnel must have proper company identification and wear proper attire with the company logo.
3. Building Security:
 - Tenant is responsible for maintaining building security during the move. Tenant must ensure that exterior building doors are monitored when unlocked.
4. Elevator Use:
 - All elevators to be used during the move will be designated in advance by the Management Office.
 - All corridor jams must be padded and protected by the movers during the move.
 - All elevators must be padded, protected, and all protection removed at the end of the move to meet standard building requirements. All ingress and egress frames must also be padded.
 - Boards, provided by the contractor, must be placed on all passenger elevator floors.
 - Management will provide an individual service key for the designated elevator. A \$500.00 security deposit in the form of a work order is required for elevator key.
5. Ingress/Egress:
 - All lobby and common area floors, including exterior decking/pavers, must be covered with cardboard. On top of the cardboard, masonite is to be placed, and all joints covered with tape prior to any moving.
6. **After Hours Emergency Contact: (203) 531-7061**



KEY FORM

Each tenant will receive six (6) sets of keys free of charge. All future keying must be requested via work order, or this form, and will be billed. All keying is done in-house.

Please indicate below how many keys are requested:

Building Keys: _____

Office Keys: _____

Preferred Delivery Date: _____

Deliver keys to:

Name _____

Company / Building _____

Phone Number _____



DISABLED / HANDICAPPED EMPLOYEES

Tenant Name: _____

Please list any disabled or handicapped employees at your company :

Date: _____

Building: _____

Floor: _____

Person Completing this Form: _____

Phone Number: _____

Disabled Employees:
