Tenant Information Request Form

This information will be kept on file at the Banyan Street Capital Management Office and used for informational purposes only. Thank you.

Date:

Completed By:

Full Tenant Name:

Business Address:

Daily Contact

    Name: Phone:
    E-mail Address:

Executive Contact

    Name: Phone:
    E-mail Address:

Business Telephone Number:

Emergency Contact #1 Name:

    Home Telephone Number or Cell**:**
    E-mail address:

Emergency Contact #2 Name:

    Home Telephone Number or Cell**:**
    E-mail address:

Emergency Contact #3 Name:

    Home Telephone Number or Cell**:**
    E-mail address:

Type of Business:

Estimated Number of Full Time Employees:
Estimated Number of Rotating Employees:

Fire Warden #1 Name:

    Office Number:
    Cell Number**:**
    E-mail address:

Fire Warden #2 Name:

    Office Number:
    Cell Number**:**
    E-mail address:

Fire Warden #3 Name:

    Office Number:
    Cell Number**:**
    E-mail address:

Fire Warden #4 Name:

    Office Number:
    Cell Number**:**
    E-mail address:

Stairwell Monitor #1 Name:

    Office Number:
    Cell Number**:**
    E-mail address

Stairwell Monitor #2 Name:

    Office Number:
    Cell Number**:**
    E-mail address

Elevator Monitor #1 Name:

    Office Number:
    Cell Number**:**
    E-mail address

Distribution List Recipients:
Name:
Email Address:

Name:
Email Address:

Name:
Email Address**:**

Name:
Email Address:

Name:
Email Address:

Please let us know all those individuals that are physically impaired and can not muster the stairs well. Please list the person's name (s) and if the condition is permanent.

Name #1:

Is this condition permanent?   Yes ☐ or No ☐

Name #2:

Is this condition permanent?   Yes ☐ or No ☐

Name #3:

Is this condition permanent?   Yes ☐ or No ☐

Name #4:

Is this condition permanent?   Yes ☐ or No ☐

Name #5:

Is this condition permanent?   Yes ☐ or No ☐

Please e-mail to Jbautista@banyanstreet.com with a list of employees.