

## TENANT CONTACT INFORMATION FORM



### Western Canadian Place

DATE:	
COMPANY NAME:	
SUITE NUMBER(S):	
NAME & PHONE # OF PERSON COMPLETING FORM:	

### CONTACT INFORMATION

The names included in this section will receive **ALL** tenant communications without exception. We are unable to forward specific communications pieces to persons not listed in this section. Any specific information distribution requests must be managed internally through your own communications channels.

PRIMARY CONTACT			
OFFICE PHONE		CELL PHONE	
EMAIL			

SECONDARY CONTACT			
OFFICE PHONE		CELL PHONE	
EMAIL			

***Primary Contacts and Secondary contacts will receive all Tenant Notices and Emergency communications.***

PRIMARY IT CONTACT			
OFFICE PHONE		CELL PHONE	
EMAIL			

EMERGENCY CONTACT #1			
OFFICE PHONE		CELL PHONE	
EMAIL		HOME PHONE	

EMERGENCY CONTACT #2			
OFFICE PHONE		CELL PHONE	
EMAIL		HOME PHONE	

***Emergency Contacts will only receive Emergency communications.***

ACCOUNTING CONTACT:			
EMAIL			

I agree that QuadReal Property Group LP may collect, use store and otherwise process my name and other personal information that is required for the participation in the emergency Contact List. I agree that QuadReal Property Group LP may continue to store and otherwise process such information after I have ceased to participate in the emergency Contact List for purposes of proper administration of the Emergency Contact List. I also consent to the collection, use, and disclosure of my personal information by and to agents, contractors, and service providers of QuadReal in connection with the foregoing purposes. This form will supersede any previous Tenant Contact Information Forms previously submitted.