



Westway Plaza

TENANT INFORMATION FORM

Please complete this form in its entirety and be as specific as possible. **Anytime there is a change in personnel listed on this form, the Hines Property Management Office should be notified immediately.**

Company Name _____ **Suite Number** _____

Office Number _____ **Fax Number** _____ **# of Employees Onsite** _____

Billing Address ☐ Same as physical address **Billing Contact** _____

Street _____ Name _____

City, State, Zip _____ Email Address _____

Phone (Direct Line and/or Extension) _____

Please list at least 2 company representatives. These individuals will be designated as our main point of contact and are authorized to report daily maintenance requests and approve any special requests (above building standard) within your suite. Tenant representatives will receive communication regarding building systems, fire drills, etc. Please note that it is the responsibility of the below individuals to distribute property information to your employees.

Representative Name	Office Phone	Cell Phone	Email Address
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an emergency, either during normal business hours or after hours, it is imperative that we have a list of individuals you want notified. Please list at least 3 people that you would like for us to contact if an emergency should occur.

Employee Name	Cell Phone	Office Phone	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please sign below indicating your consent to allow the individuals listed above to act on behalf of your company.

Signature of Authorized Tenant Representative _____ Print Name _____ Date _____