

# TENANT INFORMATION UPDATE FORM

Please keep Empire State Realty Trust Management Office updated on any changes that may occur throughout the year by completing this form and sending to Cathy DeRose, Tenant Services Coordinator. (Fax: 203-353-4010)

Date: \_\_\_\_\_

Tenant Name:

\_\_\_\_\_  
(Please indicate the formal name of your organization that is used in legal documents)

Main Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Web Site: \_\_\_\_\_

E-mail: \_\_\_\_\_

President / CEO/Email: \_\_\_\_\_

Phone/Ext. #: \_\_\_\_\_

Office Manager/Email: \_\_\_\_\_

Phone/Ext. #: \_\_\_\_\_

Daily Contact/Email: \_\_\_\_\_

Phone/Ext. #: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_

Phone/Ext. #: \_\_\_\_\_

CFO: \_\_\_\_\_

Phone/Ext. #: \_\_\_\_\_

After Hours Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

After Hours Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

# of Employees: \_\_\_\_\_

Is Your Space Alarmed. If so, Code #: \_\_\_\_\_

Card Access: \_\_\_\_\_

Do you have any physically challenged employees? If so, please list and explain (this information is for emergencies only).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send Bills to:

\_\_\_\_\_  
\_\_\_\_\_