

TENANT CONTACT & AUTHORIZATION FORM

Form CT-02

1901 Avenue of the Stars

To provide us with information about the individuals you have authorized for various purposes, please complete this form, have an authorized person sign it and return it to the Office of the Building.

renant Name:					Contact P	none #:		
Suite No.:						Date:		
								_
THE FOLLOWING PERSONS A	ARE DESIGNATED T	O ACT C	N BEHALF	OF THE	TENANT AS	SPECIFI	ED BELOW:	
Name	Title	Phone		Cell		Email	15 - 3 - 0 - 2 - 2	
☐ Order billable services and access car	ds 🗆 Lease related m	atters	☐ Emergency	contact	☐ Accounting	g/Billing	Other	
☐ Order billable services and access car	ds ☐ Lease related m	natters	☐ Emergency	contact	☐ Accounti	ng/Billing	Other	
Order billable services and access car	ds ☐ Lease related m	natters	☐ Emergency	contact	☐ Accounti	ng/Billing	Other	
Order billable services and access care	ds 🗆 Lease related m	atters	☐ Emergency	contact	☐ Accounti	ng/Billing	Other	
☐ Order billable services and access care	ds 🗆 Lease related m	atters	☐ Emergency	contact	☐ Accountii	ng/Billing	Other	
Order billable services and access care	ds	atters	☐ Emergency	contact	☐ Accountii	ng/Billing	Other	
☐ Order billable services and access card	ds 🗆 Lease related m	atters	☐ Emergency	contact	☐ Accounting	ng/Billing	☐ Other	

If you need more space, please add additional copies of this form.

Tenant Authorized Person:	Signature:	
	Type/print name & title:	

Please remember to inform us promptly if there are any changes.