



WESTWOOD MEDICAL

EMERGENCY NOTIFICATION AND AUTHORIZED SUITE ENTRY FORM

Tenant: _____ Suite: _____ Date: _____

Main Office #: _____ Fax #: _____

EMERGENCY NOTIFICATION

If a power outage should cause your phone system to become inoperative, we may not be able to reach people listed as emergency contacts on your office number. We strongly advise you to list phone numbers other than that of your office, even if you have an answering service.

Name: _____ Phone: _____ _Home _Pager _Cell

Name: _____ Phone: _____ _Home _Pager _Cell

Name: _____ Phone: _____ _Home _Pager _Cell

AFTER HOURS CONTACT PERSON WHO CAN GIVE VERBAL AUTHORIZATION FOR SUITE ACCESS

Name: _____ Phone: _____ _Home _Pager _Cell

Name: _____ Phone: _____ _Home _Pager _Cell

AUTHORIZED SUITE ENTRY

Management only is authorized to open the suite at anytime for the following people:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Note: Please advise us immediately in writing if any of the above names are to be removed. Additional names can be added in writing only. The building will not be responsible if there is not proper notification.

SIGNATURE OF TENANT (S) NAMED ON LEASE: _____