

GALLERIA TENANT PROFILE

Please provide the following information and return this form by fax to (770) 859-1253 as soon as possible.



BUILDING (circle one): GALLERIA 100 GALLERIA 200 GALLERIA 300 GALLERIA 400 GALLERIA 600 GALLERIA 700

COMPANY NAME: _____ **OFFICE PHONE:** _____ **OFFICE FAX:** _____

SUITE #: _____ **# EMPLOYEES IN THIS OFFICE:** _____

CONTACT TYPE	NAME	OFFICE PHONE	CELL PHONE	HOME PHONE	EMAIL
Property Mgmt Contact #1					
Property Mgmt Contact #2					
Property Mgmt Contact #3					
Emergency Notification #1					
Emergency Notification #2					
Emergency Notification #3					
IT Contact					
Leasing Contact					
Accounting Contact					
Billable Work Order Contact					

EMPLOYEES NEEDING ASSISTANCE IN EMERGENCY EVACUATION (use additional sheet if necessary)

NAME	FLOOR/SUITE #	OFFICE PHONE	BRIEF DESCRIPTION OF DISABILITY	P (Permanent Disability) T (Temporary Disability)