



KAISER CENTER

Tenant Authorization Form

Please return this completed form to building management in either of the following ways: e-mail to KaiserCenter@swigco.com, fax to (510) 271-6103 or deliver to Suite 206 between 8:00 AM to 5:00 PM.

COMPANY NAME		FLOOR/SUITE NUMBER	
MAIN PHONE NUMBER		FAX NUMBER	

OFFICE MANAGER	E-MAIL ADDRESS	PHONE NUMBER/EXTENSION

- Please list a minimum of three names and contact information in the order in which you require they be contacted.

AFTER-HOURS EMERGENCY CONTACT PHONE LIST				
Name	Position	Office Phone	Home Phone	Cellular Phone

- Please provide the names of your personnel authorized to issue Property Removal Passes.

PROPERTY REMOVAL PASSES			
Name	Position	Office Phone	Signature

3. Please provide the names of your personnel authorized to request Keys/Locks.

KEY/LOCK REQUESTS		
Name	Position	Office Phone

4. Please provide the names of your personnel authorized to request After Hours Access Cards.

AFTER HOUR ACCESS CARDS:		
Name	Position	Office Phone

5. Please provide the names of personnel to be contacted to verify after hour access.

AFTER HOUR ACCESS VERIFICATION:		
Name	Position	Office Phone

6. NUMBER OF EMPLOYEES: _____

7. If you have a Subtenant, please provide the following:

SUBTENANT INFORMATION			
Name	Suite Number	Contact Person	Telephone No.

8. COMPLETED BY: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY BUILDING MANAGEMENT		
Update Requested:	Request Provided To: Office Manager	Date Received:

9. Please list the names and contact information below for personnel assisting as Floor Wardens (personnel who will coordinate emergency response for your company).

FLOOR WARDENS:			
Name	Location	Email Address	Office Phone

**PHYSICALLY CHALLENGED
EMPLOYEE LIST**

Please list all mobility challenged employees. Include ailments that may physically limit the employees mobility (i.e. pregnancy, include due date, wheelchair bound, asthmatic, etc.) Forward a copy of this list you your floor wardens.

Name	Ailment

THIS SECTION TO BE COMPLETED BY BUILDING MANAGEMENT		
Update Requested:	Request Provided To: Office Manager	Date Received:

WORK ORDER AUTHORIZATION

Please submit this completed form to the Management Office as soon as possible or when any changes occur.

COMPANY NAME		FLOOR SUITE NUMBER
MAIN PHONE NUMBER	FAX NUMBER	

Please list all company personnel authorized to sign work orders and provide the information requested below:

WORK ORDER AUTHORIZATION:			
Name	Position	Floor/Suite Number	Email Address

Please return this completed form to building management in either of the following ways: email to KaiserCenter@Swigco.com, or deliver to Suite 130 between 8:00 AM to 5:00 PM.

Signature

Date

THIS SECTION TO BE COMPLETED BY BUILDING MANAGEMENT		
Update Requested:	Request Provided To: Office Manager	Date Received: