

DAVIS PARTNERS

LIMITED LIABILITY COMPANY

SIGNATURE AUTHORIZATION/EMERGENCY CONTACT INFORMATION EAST SANDPOINTE

Date: _____
Company Name: _____ Suite: _____
Business Phone: _____ Business Fax: _____

General Contacts: _____ **Email Address:** _____
General Partner/CEO: _____
Office Manager: _____

Signature Authorization for Billable Expenditures and Property Removal Passes: Names of those authorized to sign service invoices for billable expenses, after-hours access, property removal passes, etc.

NAME – Please Print	SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____

Signature by one of the above persons on a service invoice constitutes agreement by tenant to pay for services.

Emergency Contacts: Please list below in order of priority the names and home, pager, and/or cellular telephone numbers of persons we may contact, at our sole discretion after hours in the event of an emergency.

NAME – Please print	HOME NUMBER	MOBILE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Population: Total number of employees in your office: _____

These forms will be kept in the Office of the Building for reference checking of signatures on Property Removal Passes and for after hours/emergency contact information. Your home phone numbers are confidential and will only be used in the event of emergency or for after hours information. Please complete this form and return to **Davis Partners Office of the Building 201 East Sandointe, Suite 470**. Please notify us immediately of any changes/updates.