

WATERFRONT PLAZA

AFTER-HOURS SECURITY ACCESS LIST

TENANT: _____

BUILDING/SUITE #: _____

TELEPHONE #: _____ FAX: _____

TOTAL # OF EMPLOYEES: _____

AFTER-HOURS EMERGENCY CONTACT PERSON: _____

AFTER-HOURS EMERGENCY TELEPHONE #: HOME: _____

OTHER: _____

The following persons are authorized to have access to the designated premises during non-business hours. In case of an emergency, the elected person above will be contacted. Please keep this list current and updated.

By: _____
Tenant's Authorized Representative

TYPE OR PRINT CLEARLY NAMES IN FULL*

**Indicate Disabled Person/Employee and attach Disabled Persons Information Sheet from Tenant Manual.*