

# 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 \*

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

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## AFTER-HOURS SECURITY ACCESS LIST ADDITIONAL NAMES

**TYPE OR PRINT CLEARLY NAMES IN FULL\***

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*\*Indicate Disable Person/Employee and attach Disabled Persons Information Sheet from Tenant Manual or obtain form the Property Management office.*