

CUSTOMER CONTACT INFORMATION – SAN JACINTO CENTER

Please email completed form to jessicabrannan@cousinsproperties.com of the management office.

Company Name: _____ Suite No.: _____
Phone: _____ Fax: _____

Primary Office Contact

Note: Building-wide email notices will be sent to primary contact ONLY unless otherwise requested.

Name: _____ Title: _____
Email: _____ Phone: _____

Secondary Office Contact

Name: _____ Title: _____
Email: _____ Phone: _____

Authorized Service Requesters

Please list the name and e-mail address of individuals who are authorized to request services from the Management Office. The service requester(s) shall be authorized to incur charges on behalf of the tenant for all building services (other than construction services). *We will only accept work orders or requests from the Tenant Authorized Contacts noted on this form.*

These Authorized Service Requesters will receive an email with instructions and log-on information for both online service request systems, which are Commercial Café for Work Orders and Matter for after-hours HVAC.

Name: _____ Title: _____
Email: _____ Phone: _____

Optional Additional Requesters:

Name: _____ Title: _____
Email: _____ Phone: _____

Name: _____ Title: _____
Email: _____ Phone: _____

Name: _____ Title: _____
Email: _____ Phone: _____

Emergency After-Hours Tenant Contacts

Please list emergency after-hours contacts in the order they are to be contacted.

1. Name: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____

Home Phone: _____ Cell Phone: _____

Floor Warden

Please designate individuals in your office as Tenant Floor Wardens. These individuals should be in the office during the day and available to assist your employees in the event of a building emergency. Annual training sessions are held for all Tenant Floor Wardens.

Name: _____ Floor: _____

Email: _____ Phone: _____

Name: _____ Floor: _____

Email: _____ Phone: _____

In addition, please attach a listing of all disabled employees, if applicable, identifying name, and office location/number. Tenant Wardens are also encouraged to maintain a listing of designated Disabled Assistants to assist these employees.

Accounting Contact

Name: _____ Phone: _____

Email: _____ Fax: _____

Billing Address: _____

(if different from leased premises) _____

IT Tenant Contacts

Please list IT contacts in the order they are to be called.

1. Name: _____

Office Phone: _____ Cell Phone: _____

2. Name: _____

Office Phone: _____ Cell Phone: _____

3. Name: _____

Office Phone: _____ Cell Phone: _____