

400/444 NORTH CAPITOL STREET EMERGENCY CONTACT SHEET

Date: _____

Company Name: _____ Est. # of Employees: _____

Main Phone #: _____

Emergency Contact:

Name: _____

Office Phone #: _____

Home Phone #: _____

Cellular Phone #: _____

Email Address: _____

Floor Captain:

Name: _____

Office Phone #: _____

Home Phone #: _____

Cellular Phone #: _____

Email Address: _____

Assigned Location: _____

Floor Captain:

Name: _____

Office Phone #: _____

Home Phone #: _____

Cellular Phone #: _____

Email Address: _____

Assigned Location: _____

Floor Captain:

Name: _____

Office Phone #: _____

Home Phone #: _____

Cellular Phone #: _____

Email Address: _____

Assigned Location: _____

Additional Emergency Contact:

Name: _____

Office Phone #: _____

Home Phone #: _____

Cellular Phone #: _____

Email Address: _____

Location of evacuation assembly area: _____

Back-up location assembly area: _____

Does your company have a shelter-in-place plan (yes/no): _____

If "yes", list the location(s) of shelter-in-place areas and phone numbers (if available):

Please list the names of any employees or regular visitors who have special needs and identify the needs and the individuals office location within the suite:

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Date: _____

Company Name: _____ Company Suite #: _____

Daytime Contact:

Name: _____
Office Phone #: _____
Office Fax #: _____
Email Address: _____

Receptionist:

Name: _____
Reception Phone #: _____
Email Address: _____

Billing: Includes rent statements, tenant charges (HVAC, directory strips etc.), Operating Expense and Real Estate Tax Estimates and Reconciliations.

Billing Contact:

Name: _____
Office Phone #: _____
Office Fax #: _____
Email Address: _____
Billing Type(s): _____

Mailing Address: _____

Billing Contact 2: (if bills go to more than one address, or contacts receive different bill types)

Name: _____
Office Phone #: _____
Office Fax #: _____
Email Address: _____
Billing Type(s): _____

Mailing Address: _____

Email Notifications: LPC has a tenant email list used to distribute information regarding various events such as DC road closures, events in the lobby, neighborhood activities, etc.
Please list all addresses you would like included on this list.

Email Address: _____
Email Address: _____
Email Address: _____
Email Address: _____
Email Address: _____

Email Address: _____
Email Address: _____
Email Address: _____
Email Address: _____
Email Address: _____

Please use another sheet of paper if this is insufficient.

Subtenants: Please list the following information for any sublease agreements your company has.

Company: _____
Suite #: _____
Contact Name: _____
Office Phone #: _____
Office Fax #: _____
Email Address: _____

Company: _____
Suite #: _____
Contact Name: _____
Office Phone #: _____
Office Fax #: _____
Email Address: _____

Please use another sheet of paper if this is insufficient.

Telecom Service Provider: Please provide the following information to ensure that the management provides proper access to your service provider.

Local Provider: _____
Long Distance Provider: _____
Data Service Provider: _____