



ATTACHMENT 1

600 California
Tenant Contact Information List

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

Company:	_____	Suite or Floor Number:	_____
Main Phone Number:	_____	Main Fax Number:	_____
Primary Contact:	_____	Email Address of Primary Contact:	_____
Nature of Business:	_____	Completed By:	_____
Date Completed:	_____	Number of Employees (day and night):	_____

The following individuals are to be contacted, in order as they appear, in the event of a **Day-time Emergency**:

Name	Title	Home Phone	Pager/Cell Number	Email Address

The following individuals are to be contacted in the event of an **After-hours Emergency**:

Name	Title	Home Phone	Pager/Cell Number	Email Address



ATTACHMENT 2

600 California
Tenant Floor Emergency Teams

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

Floor #:		
Floor Emergency Team/Position	Name, Office Phone and Email of Designated Person	Name, Office Phone, and Email of Alternate
Area Warden		
Floor Leader(s)		
Elevator/Stairwell Monitors		
Aids to Disabled Persons		
Searchers (minimum 2)		
Communicator Between Floor Leaders (if applicable)		

Floor #:		
Floor Emergency Team/Position	Name, Office Phone and Email of Designated Person	Name, Office Phone, and Email of Alternate
Area Warden		
Floor Leader(s)		
Elevator/Stairwell Monitors		
Aids to Disabled Persons		
Searchers (minimum 2)		
Communicator Between Floor Leaders (if applicable)		

Please copy and repeat use of this form for tenancy in excess of two floors.

