**Douglas**

**Emmett**

**TENANT INFORMATION FORM**

**Form CT-01 Gateway Los Angeles**

*To provide us with information about your operations, please complete this form, have an authorized person sign it and return it to the Office of the Building.*

|  |  |  |
| --- | --- | --- |
| **Tenant Name:** |  | **Contact Phone** #: |
| **Suite No.:** |  | **Date:** |

|  |  |
| --- | --- |
| Physical Address: | Main Phone#: |
| Billing Address:*(if different from above)* | After Hours Phone #: |
| Type of Company:Number of Employees at this location: | Business Hours: | a.m. to a.m. to  | p.m.p.m. | M-FWeekends & Holidays |
| Principal Name: | Principal Phone#: |
| Office Manager Name: | Office Manager Phone #: |
| Do you have an alarm system? Yes □ No □ Permit #:Name of Alarm/Security Company: Phone#:*(If you would like to add Security to your call list, be sure your alarm/security company has the appropriate information)****Please inform your Alarm/Security Company whenever Reg 4/evacuation drills are scheduled for the Building.*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Tenant Authorized****Person:** | Signature:1-- - - - - - - - - -+Type/print name & title: |  | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | -1 |

***Please remember to inform us promptly if there are any changes.***

If you have any questions, please contact the Office of the Building:

Phone: 310-826-2587 Fax: 310-820-7472 Email: gla@douglasemmett.com

12400 Wilshire Boulevard, Suite 210, Los Angeles, CA 90025

**Revised 06/13**