

**BUILDING :** Royal Centre, 1055 West Georgia Street **SUITE NO. :** \_\_\_\_\_

**TENANT NAME :** \_\_\_\_\_ **DATE :** \_\_\_\_\_  
(Please Print)

**Normal Hours of Operation :** \_\_\_\_\_ **A.M. to** \_\_\_\_\_ **P.M.**

Contact Name	Title	Telephone Numbers			Email	Facsimile
		Work	Cell	Home (Optional)		

It is imperative that the Property Management Office has a current listing of contacts. A minimum of three (3) or more contacts would be ideal.

In the event of an emergency, WPM Angus AnyWhere and/or other means of communication may be used to contact your organization.

Should the emergency contact information change, please update and return this form to the Property Management Office .