

500 West Monroe

Exhibit E – Tenant Contact Form

Tenant Name: _____ Date: _____

Suite: _____ Number of Employees _____ Day: _____

Evening: _____

Main Phone #: _____ Main Fax #: _____

Type of Business: _____

Web Site Address: _____

Business Contacts

Please provide us with the names and *daytime phone numbers* of the following contacts for your office at 500 West Monroe.

_____	_____
Daily Contact / Office Manager	Daytime Phone # _____
_____	_____
Title	E-mail Address

_____	_____
Executive Contact/Emergency Decision Maker	Daytime Phone # _____
_____	_____
Title	E-mail Address

_____	_____
Accounting Contact	Daytime Phone # _____
_____	_____
Title	E-mail Address

Please provide us with the address to which rent statements should be mailed, *if other than your office at 500 West Monroe*:

Name: _____
Title: _____
Address: _____
City, State Zip: _____

Daily Contact/Non-emergency Related Contact

_____	_____	_____
Type Name	Evening Phone # _____	Alternate Phone # _____
	or Cell # _____	(Circle One)

_____	_____
Title	E-mail Address

Alternate Daily Contact/Non-emergency Related Contact

_____	_____	_____
Type Name	Evening Phone #	Alternate Phone #
_____	_____	_____
	or Cell #	(Circle One)
_____	_____	
Title	E-mail Address	

After Hours Contacts

The Management Office is requesting names and telephone numbers from your company for *After Hours Emergencies*. Please list three (3) people and their telephone numbers in the order you would like us to attempt contact. These numbers will be kept strictly confidential

Primary Executive Contact/Emergency Decision Maker

_____	_____	_____
Type Name	Evening Phone #	Alternate Phone #
_____	_____	_____
	# or Cell #	(Circle One)
_____	_____	
Title	E-mail Address	

#2 Alternate Executive Contact/Emergency Decision Maker

_____	_____	_____
Type Name	Evening Phone #	Alternate Phone #
_____	_____	_____
	# or Cell #	(Circle One)
_____	_____	
Title	E-mail Address	

#3 Alternate Executive Contact/Emergency Decision Maker

_____	_____	_____
Type Name	Evening Phone #	Alternate Phone #
_____	_____	_____
	# or Cell #	(Circle One)
_____	_____	
Title	E-mail Address	

Service Contacts

Please list individuals who are authorized to request services from the Management Office. The service contact person(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.*

1 _____	_____
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_____	_____
Type Name	E-mail Address
_____	_____
Title	

2 _____	_____
Type Name	E-mail Address
_____	_____
Title	

3 _____	_____
Type Name	E-mail Address
_____	_____
Title	

Emergency Evacuation Response Personnel

Finally, we would like to establish your Emergency Evacuation Response Personnel. The Emergency Response Personnel will assist in providing basic response and employee assistance during a building emergency. *Please designate individuals to act in this capacity.*

Emergency Evacuation Team Member

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Evacuation Member presently certified in CPR/First Aid?

_____ Yes _____ No

Alternate Emergency Evacuation Team Member

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Evacuation Member presently certified in CPR/First Aid?

_____ Yes _____ No

Stairway Monitor

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____ Percentage of time spent off site during business hours: _____

Is the Emergency Evacuation Member presently certified in CPR/First Aid?

_____ Yes _____ No

Stairway Monitor (2)

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Evacuation Member presently certified in CPR/First Aid?

_____ Yes _____ No

Alternate Stairway Monitor

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Response Person presently certified in CPR/First Aid? _____ Yes

_____ No

Elevator Monitor (1)

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Response Person presently certified in CPR/First Aid? _____ Yes

_____ No

Alternate Elevator Monitor

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Response Person presently certified in CPR/First Aid? _____ Yes

_____ No

Searcher (1)

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____ Is the Emergency

Response Person presently certified in CPR/First Aid? _____ Yes _____ No

Searcher (2)

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Response Person presently certified in CPR/First Aid? _____ Yes

_____ No

Alternate Searcher

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Response Person presently certified in CPR/First Aid? _____ Yes
_____ No

Evacuation Assistant

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Response Person presently certified in CPR/First Aid? _____

Yes _____ No _____

Alternate Evacuation Assistant

Employee: _____ Title: _____

Department: _____ Work Schedule: _____

Work Phone #: _____ Extension #: _____

E-mail Address: _____

Percentage of time spent off site during business hours: _____

Is the Emergency Response Person presently certified in CPR/First Aid? _____

Yes _____ No _____

Self-Identified Person(s) Requiring Assistance & Type of Assistance Required

Employee: _____ Normal Location: _____

Type of Assistance Required: _____

Assigned Evacuation Assistant: _____

Employee: _____ Normal Location: _____

Type of Assistance Required: _____

Assigned Evacuation Assistant: _____

Employee: _____ Normal Location: _____

Type of Assistance Required: _____

Assigned Evacuation Assistant: _____

*Please fax the completed form to 312-831-1818 or
e-mail to Carin Hudson at carin.hudson@piedmontreit.com*