**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-F  Weekends & 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](mailto:gla@douglasemmett.com)

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