



Franklin Partners, LLC
One Mag Mile
980 N. Michigan Ave. Suite 600 Chicago, IL 60611
1 312 664 7777

**ONE MAG MILE
TENANT INFORMATION SHEET**

General Information

Tenant Name: _____

Suite Number: _____

(If Applicable)

Sub-tenant Of: _____ Leasing To: _____

Description of Business: _____

Main Phone: _____ Main Fax: _____

Main Office Contact

The name and contact information of the person who is the main contact with the Office of the Building. This person is also designated to receive and distribute the tenant news emails.

Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Alternate Contact: _____ Title: _____

Email Address: _____ Phone Number: _____

Executive Office Contact

The name and contact information of the person that would make executive decisions.

Name: _____ Title: _____

Email Address: _____ Phone Number: _____

Authorized Personnel

The names, phone numbers and signatures of persons authorized to order billable work done, maintain key control and authorize visitor entry.

Name:	Phone#/Email:	Signature:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Emergency Contacts

The names and after-hour phone numbers of persons to be contacted in case of an emergency or other after-hour issue.

Name:	Home Phone:	Cellular Phone:	Alternate Email
_____	_____	_____	_____
_____	_____	_____	_____

IT Contact Information

The names and phone numbers of persons to be contacts in case of IT issues.

Name: _____	E-mail Address: _____
Phone Number: _____	Cellular Phone: _____

Rent Statements

The name and contact information of the person to be notified of rent increases and billing adjustments.

Name: _____	E-mail Address: _____
Phone Number: _____	Mailing Address: _____

Occupants

In order to plan for tenant appreciation events and for emergency planning please provide occupant information.

Total number of Occupants: _____

Occupants During Day: _____ Occupants During Night: _____

If you occupy more than one floor please specify occupants per floor

Day:	Night:
Occupants on Floor # ____: _____	Occupants on Floor # ____: _____
Occupants on Floor # ____: _____	Occupants on Floor # ____: _____
Occupants on Floor # ____: _____	Occupants on Floor # ____: _____

Equipment that under no circumstances should be touched by building personnel or cleaning staff: (Please list equipment & location)

Are there any hazardous materials kept in your suite or storage area?
If yes, please list the material, its purpose, and its location.



ONE MAG MILE
PROPERTY REMOVAL AUTHORIZATION

COMPANY: _____

DATE: _____

Please list below the people who are authorized to sign Package Removal Passes.

EMPLOYEE

SIGNATURE



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Fire/ Life Safety Information

Tenant Name: _____ Suite No: _____

Head Safety Coordinator/Fire Warden: _____

Name: _____ Office Phone: _____ Home Phone: _____

Assistant Fire Warden: _____

Name: _____ Office Phone: _____ Home Phone: _____

Alternate Name: _____

Searcher (s)

Name: _____

Name: _____

Name: _____

Stairwell Monitor (s)

Name: _____

Name: _____

Alternate: _____

Alternate: _____

Elevator Monitor

Name: _____

Alternate: _____



Please list employees needing assistance and names of the aides who will assist them to the stairwell in case of an evacuation if necessary.

Employee
Name: _____ Aides: _____

Employee
Name: _____ Aides: _____

Please return the completed form to the Office of the Building in Suite 600 or email to OMMoffice@franklinpartners.net as soon as possible.

Please remember to keep this sheet up-to-date at all times. This information is consistently used by the Office of the Building and is necessary to keep all tenants properly informed. As a tenant, it is your responsibility to provide us with any updates. Remember to update your security listings as well. For help, please call the Office of the Building at (312) 664-7777.

Please Sign and Date:

Tenant Information Sheet Completed By: _____ **Date:** _____