



# CLIENT CONTACT FORM

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
SUITE/PO BOX \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

CORPORATE WEBSITE \_\_\_\_\_

**DAILY OFFICE CONTACT** (i.e. Facility Manager, Office Manager, V.P. Administration, etc.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**SENIOR EXECUTIVE CONTACT** (i.e. President, CEO, Managing Director, etc.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**SECURITY/LIFE SAFETY CONTACTS**

AUTHORIZED SIGNATORIES – NAME 1	TELEPHONE	SPECIMEN SIGNATURE
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_____	_____	_____
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2	_____	_____
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3	_____	_____
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**AFTER-HOURS EMERGENCY CONTACTS**

NAME	RESIDENTIAL TELEPHONE
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1	_____
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2	_____
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# CLIENT CONTACT FORM (CONT'D)

## MASS NOTIFICATION SYSTEM CONTACTS (if applicable)

<b>1</b> NAME _____	<b>2</b> NAME _____
WORK TELEPHONE _____	WORK TELEPHONE _____
HOME TELEPHONE _____	HOME TELEPHONE _____
CELL/BLACKBERRY _____	CELL/BLACKBERRY _____
EMAIL _____	EMAIL _____
<b>3</b> NAME _____	<b>4</b> NAME _____
WORK TELEPHONE _____	WORK TELEPHONE _____
HOME TELEPHONE _____	HOME TELEPHONE _____
CELL/BLACKBERRY _____	CELL/BLACKBERRY _____
EMAIL _____	EMAIL _____

## EVACUATION WARDENS

<b>1</b> _____	<b>5</b> _____
<b>2</b> _____	<b>6</b> _____
<b>3</b> _____	<b>7</b> _____
<b>4</b> _____	<b>8</b> _____

PLEASE FAX OR EMAIL TO: THE CADILLAC FAIRVIEW CORPORATION, TORONTO-DOMINION CENTRE  
 FAX: 416-862-3662 EMAIL: kristina.hollywood@cadillacfairview.com

COMPLETED BY:  
 NAME \_\_\_\_\_ DATE \_\_\_\_\_

UPDATE AUDIT: To ensure the validity of the information provided – this form must be updated on a quarterly basis. If there are no changes, please date and sign below.

NO CHANGES. REVIEW DATE \_\_\_\_\_ REVIEWED BY \_\_\_\_\_  
 NO CHANGES. REVIEW DATE \_\_\_\_\_ REVIEWED BY \_\_\_\_\_

If you have sub-tenant information, please complete the Sub-Tenant Contact Form.

Your privacy is very important to us. Personal information collected from you will only be used in emergency incidents or where verification is required for situations including premises access, and will remain confidential to The Cadillac Fairview Corporation Limited and its affiliates ("Cadillac Fairview"). It will however be disclosed to any entity that acquires Cadillac Fairview provided such entity similarly agrees to protect your privacy. If you wish to have a copy of Cadillac Fairview's privacy policy, or have a privacy question or concern, you may contact Cadillac Fairview's Chief Privacy Officer in writing at the following address: The Cadillac Fairview Corporation Limited

Suite 500, 20 Queen Street  
 West Toronto, Ontario M5H 3R4



# SUB-TENANT CONTACT FORM

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
SUITE/PO BOX \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

CORPORATE WEBSITE \_\_\_\_\_

**DAILY OFFICE CONTACT** (i.e. Facility Manager, Office Manager, V.P. Administration, etc.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**SENIOR EXECUTIVE CONTACT** (i.e. President, CEO, Managing Director, etc.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**SECURITY/LIFE SAFETY CONTACTS**

AUTHORIZED SIGNATORIES – NAME 1	TELEPHONE	SPECIMEN SIGNATURE
_____	_____	_____
2	_____	_____
3	_____	_____

**AFTER-HOURS EMERGENCY CONTACTS**

NAME \_\_\_\_\_ RESIDENTIAL TELEPHONE \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

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