**TENANT INFORMATION FORM**

**Form CT-01 16000 Ventura**

*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.*

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| --- | --- | --- |
| **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. a.m. | to p.m.to p.m. | M – FWeekends & Holidays |
| 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.*** |

|  |  |  |
| --- | --- | --- |
| **Tenant Authorized Person:** | Signature: |  |
| Type/print name & title: |  |

***Please remember to inform us promptly if there are any changes.***

If you have any questions, please contact the Office of the Building:

Phone: 818-783-3335 Fax: 818-783-1351 Email: 16000ventura@douglasemmett.com

16000 Ventura Boulevard, Suite 490, Encino, CA 91436

**Revised 08/13**