**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 – F  Weekends & 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](mailto:16000ventura@douglasemmett.com)

16000 Ventura Boulevard, Suite 490, Encino, CA 91436

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