

**TENANT ALARM INFORMATION FORM**

**TENANT NAME:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_ **SUITE NUMBER:** \_\_\_\_\_

- q 38695
- q 38701
- q 38705

**ALARM CONTACT PERSON:** \_\_\_\_\_

**ALARM CONTACT DAYTIME TELEPHONE NUMBER:** \_\_\_\_\_

**ALARM CONTACT EMERGENCY TELEPHONE NUMBER:** \_\_\_\_\_

**ALARM CONTACT E-MAIL ADDRESS:** \_\_\_\_\_

**ALARM MONITORING COMPANY:** \_\_\_\_\_

**ALARM MONITORING COMPANY TELEPHONE NUMBER:** \_\_\_\_\_

**ALARM SYSTEM NUMBER:** \_\_\_\_\_

**GRUBB & ELLIS MANAGEMENT SERVICES, INC./JANITORIAL CONTRACTOR CODE NUMBER:**

\_\_\_\_\_

**LOCATION(S) OF ALARM KEYPAD (S):**

\_\_\_\_\_  
\_\_\_\_\_

**GIVE DETAILED INSTRUCTIONS ON HOW TO TURN ALARM OFF:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GIVE DETAILED INSTRUCTIONS ON HOW TO TURN ALARM ON:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE DETAIL ANY OTHER INFORMATION YOU FEEL IS NECESSARY TO TURN ON/OFF YOUR ALARM SYSTEM (I.E. ALL DOORS MUST BE CLOSED, CERTAIN DOORS MUST BE CLOSED, ETC.)**

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