

Tenant Authorization Contact Form

Date: ____ / ____ / ____

Company Name: _____

Master Tenant (if applicable): _____

Building: 1EC 2EC 3EC 4EC Suite: _____

Main Business Line: _____

Please list your company contacts in order you wish to be contacted in the event of an issue regarding your suite/building.

1. Name: _____ Title: _____

Email: _____ Direct Phone: _____

(Optional) Alternate email: _____ Cell Phone: _____

- Yes No Submit Work Orders – An account will be created within www.bptenantsservices.com to enter service requests
- Yes No Submit Elevator Reservations – May reserve the freight elevator after hours
- Yes No Visitor Security – Has access and ability to input visitors
- Yes No Authorizer - An **authorizer** may request/approve billable services and grant after-hours access to guests
- Yes No Receive General Announcements – Will receive general building announcements via email
- Yes No *Emergency Contact*: ONLY TWO EMERGENCY CONTACTS PER COMPANY – Emergency Contacts will be contacted via text, phone and email in the event of a critical building emergency.

2. Name: _____ Title: _____

Email: _____ Direct Phone: _____

(Optional) Alternate email: _____ Cell Phone: _____

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7. Name: _____ Title: _____
Email: _____ Direct Phone: _____
(Optional) Alternate email: _____ Cell Phone: _____

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Please submit a new form to the Management Office by e-mail at ECPM@bostonproperties.com when there are changes to personnel.