

Greensboro Corporate Center
MOVE-IN

TENANT NAME: _____

OFFICE SUITE NUMBER: _____

1. MOVE-IN: _____

a. The date you desire to inspect your office or store prior to occupancy:

b. The move-in date: _____

c. Name of your moving company: _____

d. The name and telephone number to contact at your moving company:

2. BILLING:

a. The billing name and address for rent and other tenant charges:

b. The name(s) of the Tenant Representative(s) who will have responsibility for approval of expenditures and requests for service related to your suite:

3. TELEPHONE NUMBERS:

Office Telephone: _____

Office Facsimile: _____

4. EMPLOYEES:

a. Number of Occupants: _____

b. Names of handicapped individuals who may require special services in the event of an emergency evacuation:

5. EMERGENCY:

a. Safety Coordinators: (One Safety Coordinator and Alternate/50 Employees)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

b. Emergency Contacts: (During Non-Business Hours)

Name: _____ Phone #: _____

Name: _____ Phone #: _____