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## IN CASE OF EMERGENCY

To better secure the safety of our tenants during any given emergency, Elite Office is requesting you take a moment to fill out important contact information and return to Elite Office within **seven (7) business days** of receipt of this form.

This questionnaire is designed to provide us with information to speed up the processing of emergencies, security reports, etc. while insuring the utmost confidentiality of our tenants.

### TENANT INFORMATION

Company Name, Suite(s) \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Occupant Name(s) \_\_\_\_\_

Phone No.(s) \_\_\_\_\_ OFFICE \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

Email Address(s) \_\_\_\_\_ EMAIL 1 \_\_\_\_\_ EMAIL 2 \_\_\_\_\_

Alternate Physical Address \_\_\_\_\_

### POINT OF CONTACT

Emergency Contact & Relation to Tenant (1) \_\_\_\_\_

Phone No.(s) \_\_\_\_\_ OFFICE \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

Emergency Contact & Relation to Tenant (2) \_\_\_\_\_

Phone No.(s) \_\_\_\_\_ OFFICE \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

*PLEASE RETURN THIS FORM WITHIN SEVEN (7) BUSINESS DAYS*