

Tenant Emergency Contact Information

Medical City Dallas Management is requesting that you take a moment to complete the following information and return by: email to debbieconner@medicalcity.com you may Fax to: 972-566-5597, or deliver to the Management office in Building C, Suite 840

Your Company Name: _____

Office Decision Maker: _____

Daily Contact's Name: _____

Main Number:(____) _____ Facsimile Number:(____) _____ Back Line: _____

Office E-Mail Address: _____

Tenant Contact's E-Mail Address: _____

Number of Employees in Your Suite(s): _____

Please provide two emergency contact names and their direct Medical City and home or cell phone number for after hours.

Primary
Name: _____

Secondary
Name: _____

Medical City Number: _____

Medical City Number: _____

Home Number: _____

Home Number: _____

Cell Phone No: _____

Cell Phone No: _____

E-Mail Address: _____

E-Mail Address: _____

Handicapped Personnel (Anyone who may need assistance in an emergency situation):

***All contact information is confidential.
Please call our office at 972-566-7334 if you have any questions or concerns.***