

TENANT'S AUTHORIZED OFFICIALS

FIRE WARDENS

Please list the name of the person(s) from your company who will serve as Tenant Fire Warden and attend training sessions conducted by the Property Management office and the City of Atlanta Fire Department.

Name (print)

Name (print)

Phone

Phone

HANDICAPPED PERSONNEL

Please list the names of any handicapped personnel who may need extra assistance in the event of an emergency.

Name

Name

Name

AUTHORIZED SIGNATURES

Please list the name(s) of any individual(s) who will be authorized to permit furniture, computers, plants, etc., to be removed from the building.

Signature

Signature

Name (print)

Name (print)

