



**REAL ESTATE SERVICES  
TENANT CONTACT INFORMATION**

**Tenant:** \_\_\_\_\_

**UCB:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_ **Approx. # of staff/students:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Business Hours** – Please indicate your normal working hours, including weekends and any other hours you anticipate.

<u>From</u>	<u>To</u>	<u>Day(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



University of Colorado **Boulder**

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**Emergency Contact Information**

Please list below the names and phone numbers of at least two (2) persons who are to be contact in case of emergency after working hours.

<u>Name</u>	<u>Email</u>	<u>Home Phone/Cell</u>
_____	_____	_____ _____
_____	_____	_____ _____
_____	_____	_____ _____
_____	_____	_____ _____



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**Building Services Authorization**

Please list the name of the person (s) for/from your office who will be authorized to request building services such as heating, Ventilation, air conditioning, lighting, custodial, etc. in special or after-hours situations

<u>Name</u>	<u>Email</u>	<u>Office Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Accounting Contact**

Please indicate the individual(s) to be contacted regarding Accounting issues.

<u>Name</u>	<u>Email</u>	<u>Office Phone</u>
_____	_____	_____
_____	_____	_____

Please return this completed form to Real Estate Services as soon as possible. Thank you!

**Real Estate Services 1540 30<sup>th</sup> Street  
Room 101  
444 UCB  
Boulder, CO 80309  
T 303.492.6883  
F 303.492.6448  
RealEstateServices@colorado.edu**