2024 -1100 Louisiana - Tenant Contact Form

| Tenant Name: | | |
|---|---|-----|
| Main Suite: | Main Phone Number: | |
| | ry day-to-day person Hines staff will contact for issues affecting your suite. For example, , access into your suite, service or repair requests and emergency response during the d | |
| | <u>itact</u> is the person Hines staff will contact for after-hours emergencies affecting your suit s, alarms and security issues or if an unauthorized person needs access into the building | |
| In order for Hines to provide the roseanne.martinez@hines.com | e best service, please fill out the information below and email <u>Bella.Mirabal@hines.com</u> | and |
| Tenant Contact(s): | | |
| - Primary Contact: | | |
| Email Address: | | |
| Office Phone Number: | Fax Number: | |
| - Secondary Contact: | | |
| Email Address: | | |
| Office Phone Number: | Fax Number: | |
| - Tertiary Contact (if applica | able): | |
| Email Address: | | |
| Office Phone Number: | Fax Number: | |
| After-Hours/Emergency Co | ontact(s): | |
| - Primary Contact: | | |
| Email Address: | | |
| Cell Phone Number: | Home Phone Number: | |
| - Secondary Contact: | | |
| Email Address: | | |
| Cell Phone Number: | Home Phone Number: | |
| - Tertiary Contact (if applica | able): | |
| Email Address: | | |
| Cell Phone Number: | Home Phone Number: | |