

Tenant Contacts

Tenant Name: _____ Suite Number: _____

Office ☐ Commercial ☐ Residential ☐ Kitchen/Bath/Building ☐ Retail ☐

Directory Listing

Contact(s) below will receive login to add and maintain company info/logo/photos. This system also feeds the NeoCon Company Profile – please select one NeoCon Admin.

DBA: _____ Website: _____

Public Facing Contact Name/Title: _____

Email: _____ Phone: _____ Editor ☐ NeoCon Admin ☐

Editor Name/Title (if different from above): _____

Email: _____ NeoCon Admin ☐

Lease Signor

Name/Title: _____

Email: _____ Phone: _____

Real Estate Contact(s)

Name/Title: _____

Email: _____ Phone: _____

Billing Contact(s)

Name/Title: _____

Email: _____ Phone: _____

Legal Contact

Name/Title: _____

Email: _____ Phone: _____

Facilities Manager - main contact for day-to-day operations of the space

Name/Title: _____

Email: _____ Phone: _____

Other Onsite Contact(s) (if applicable)

Name/Title: _____

Email: _____ Phone: _____

Certificate of Insurance Contact(s) – will receive correspondence if your COI has errors or requires renewal.

Name/Title: _____

Email: _____ Phone: _____

Marketing Contact(s) (Showroom Tenants)

Name/Title: _____ NeoCon Marketing ☐

Email: _____ Phone: _____

Name/Title: _____ NeoCon Marketing ☐

Email: _____ Phone: _____

Service Portal (Work Order System)

All contacts listed below will have access to submit Removal Pass Requests and those with permissions can submit work orders, receive announcements, access (work order) billings and or approve Removal Pass Requests. Please select at least one Administrator to maintain your company's Service Portal account, contacts, and permissions after setup.

Contact (1) Name/Title: _____ System Admin. ☐

Email: _____ Phone: _____

Approve Removal Pass Reqs ☐ Submit Work Orders ☐ Receive Announcements ☐ Receive Billings ☐

Contact (2) Name/Title: _____ System Admin. ☐

Email: _____ Phone: _____

Approve Removal Pass Reqs ☐ Submit Work Orders ☐ Receive Announcements ☐ Receive Billings ☐

Contact (3) Name/Title: _____ System Admin. ☐

Email: _____ Phone: _____

Approve Removal Pass Reqs ☐ Submit Work Orders ☐ Receive Announcements ☐ Receive Billings ☐

Contact (4) Name/Title: _____ System Admin. ☐

Email: _____ Phone: _____

Approve Removal Pass Reqs ☐ Submit Work Orders ☐ Receive Announcements ☐ Receive Billings ☐

Security Authorization Contacts

Firm Name: _____ General Phone: _____
General Email: _____ Suite Number: _____

AFTER HOURS EMERGENCY CONTACT 1

Name: _____

Title: _____

City, State: _____

Email: _____

Cell Phone: _____

AFTER HOURS EMERGENCY CONTACT 2

Name: _____

Title: _____

City, State: _____

Email: _____

Cell Phone: _____

AUTHORIZED CONTACTS AND PERMISSIONS

Include emergency contacts and any applicable 3rd party representatives.

NAME	TITLE	EMAIL	AUTHORIZED TO REQUEST:		
			Access Assistance /	Contact Updates /	Lock Change & Key Order
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information Authorized By: _____

Date: _____

Submit to propertymanager@themart.com. Keep editable form for your records and easy updates in the future.