

## 100 EAST PRATT TENANT CONTACT INFORMATION

*Please Complete All Fields*

### DATE UPDATED:

### TENANT INFORMATION

Name of Tenant:

Suite Number:

Phone #

Fax #

Web Address:

Number of On Site Employees:

Office Hours:

### PRIMARY CONTACT INFORMATION

Name:

Title:

Address:

Phone #

Fax #

Email Address:

### SECONDARY CONTACT INFORMATION

Name:

Title:

Address:

Phone No.:

Fax #

Email Address:

### CORPORATE CONTACT INFORMATION

Name:

Title:

Address:

Phone No.:

Fax #

Email Address:

### ACCOUNTING CONTACT INFORMATION

Name:

Title:

Address:

Phone No.:

Fax #

Email Address:

**AFTER HOURS EMERGENCY CONTACTS:**

Name:	Phone No:
Name:	Phone No:
Name:	Phone No:

**PERSONNEL REQUIRING ASSISTANCE:**

Name:  
Location/Position #:  
Type of Disability/ Assistance Needed:  
Desk Phone #

Name:  
Location/Position #:  
Type of Disability/ Assistance Needed:  
Desk Phone #

Name:  
Location/Position #:  
Type of Disability/ Assistance Needed:  
Desk Phone #

**PLEASE INDICATE YOUR TYPICAL OFFICE HOLIDAYS BELOW**

New Year's Day \_\_\_\_\_  
M L King Day \_\_\_\_\_  
Presidents' Day \_\_\_\_\_  
Good Friday \_\_\_\_\_  
Memorial Day \_\_\_\_\_  
Day Before 4<sup>th</sup> of July \_\_\_\_\_  
4<sup>th</sup> of July \_\_\_\_\_  
Labor Day \_\_\_\_\_  
Columbus Day \_\_\_\_\_  
Thanksgiving Day \_\_\_\_\_  
Day After Thanksgiving \_\_\_\_\_  
Christmas Eve \_\_\_\_\_  
Christmas Day \_\_\_\_\_  
New Year's Eve \_\_\_\_\_  
Additional Days \_\_\_\_\_

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