



TENANT INFORMATION

Date: _____

Tenant: _____	Suite: _____
Bus. Phone No.: _____	<input type="checkbox"/> Bishop Street Tower
Bus. Fax No.: _____	<input type="checkbox"/> Fort Street Tower
Email: _____	

NORMAL HOURS CONTACT:

PRINCIPAL

SECONDARY

Name: _____
 Title: _____
 Phone: _____
 Emergency Day Phone: _____

Name: _____
 Title: _____
 Phone: _____
 Emergency Day Phone: _____

AFTER HOURS CONTACT:

PRINCIPAL

SECONDARY

Name: _____
 Title: _____
 Phone: _____
 Emergency Day Phone: _____

Name: _____
 Title: _____
 Phone: _____
 Emergency Day Phone: _____

Alarm System Company:

Phone No.: _____

Person designated to contact Security for "After Hours" Air Conditioning:

Name: _____ Phone No.: _____

OFFICE HOURS:

Sun _____ to _____
 Mon _____ to _____
 Tues _____ to _____
 Wed _____ to _____
 Thur _____ to _____
 Fri _____ to _____
 Sat _____ to _____

HOLIDAYS: *(Check days closed)*

New Year's (Eve/Day) _____	Admissions Day _____
M.L. King Day _____	Labor Day _____
Presidents Day _____	Discovers Day _____
Kuhio Day _____	Veterans Day _____
Good Friday _____	Thanksgiving Day _____
Memorial Day _____	Christmas (Eve /Day) _____
Kamehameha Day _____	Other _____
Independence Day _____	

= THIS FORM SHOULD BE COMPLETED BY AN AUTHORIZED OFFICIAL OF THE TENANT =

Please return to:

700 BISHOP STREET TOWER SUITE 200 HONOLULU, HI 96813
(808) 531-0444 OFFICE (808) 599-5776 FAX