

EL DORADO MEDICAL
AUTHORIZED INDIVIDUALS &
AFTER HOURS EMERGENCY CONTACTS
(PLEASE ADVISE PROPERTY MANAGEMENT AS NEEDED)

For our files, please indicate the name and home phone number of three (3) individuals from your suite who will go on our records as authorized individuals. In the event of an after-hours emergency or security authorization, a member of the management staff will contact one of the individuals listed below.

Company: _____

Suite #: _____

In case of emergency or security authorization, please notify:

1) Name: _____
Title: _____ Phone #: _____
(Please Print)

2) Name: _____
Title: _____ Phone #: _____
(Please Print)

3) Name: _____
Title: _____ Phone #: _____
(Please Print)

Designated Emergency Personnel:

3) Name: _____ Phone: _____

4) Name: _____ Phone: _____

Form Completed by: _____ Date: _____
Signature



Please send to 520.323.5156 Fax or mona.deane@cbre.com

