

It is necessary for Cummings Properties to maintain a list of your key employees and their contact information in case of a lockout or an emergency. Periodically, updates will be requested. Any updates received will supersede all previous information in our files.

Please complete (type or print legibly), sign where indicated and return it to via fax (781-935-1990) or mail to: Tenant Services, Cummings Properties, LLC, 200 West Cummings Park, Woburn, MA 01801. Duplicate keys typically will be issued **only** to those listed below, and no others.

GENERAL DATA

Legal Name of Firm: _____

DBA (if any, and if not noted above): _____

Leased Premises: _____

Phone: _____ Fax: _____

Corporate Address (if different): _____

Corporate Phone: _____ Corporate Fax: _____

Billing Address (if different than leased premises): _____

Billing Phone: _____ Billing Fax: _____

IN CASE OF AFTER-HOURS EMERGENCY, CONTACT THE FOLLOWING KEY PEOPLE:

| | | |
|----------------------|-------|--------------|
| _____ | _____ | _____ |
| Primary Contact Name | Title | Home Phone # |

| | |
|---------------------------------------|--------------|
| _____ | _____ |
| Home Address (incl. city, state, zip) | Cell Phone # |

| | | |
|------------------|-------|--------------|
| _____ | _____ | _____ |
| 2nd Contact Name | Title | Home Phone # |

| | |
|---------------------------------------|--------------|
| _____ | _____ |
| Home Address (incl. city, state, zip) | Cell Phone # |

| | | |
|------------------|-------|--------------|
| _____ | _____ | _____ |
| 3rd Contact Name | Title | Home Phone # |

| | |
|---------------------------------------|--------------|
| _____ | _____ |
| Home Address (incl. city, state, zip) | Cell Phone # |

On behalf of the above-named firm, the undersigned hereby authorizes Cummings Properties, LLC to issue duplicate keys for the leased premises, or otherwise admit the undersigned and all of the above persons or who otherwise satisfy Cummings Properties, LLC of their authority to request access or receive a key (if available). I/we release Cummings Properties from any and all liabilities in connection therewith.

By: _____
PRINT NAME OF AUTHORIZED REPRESENTATIVE Title

SIGNATURE OF AUTHORIZED REPRESENTATIVE Date

To allow us to better communicate with the appropriate representative of your company, please provide the information below. Please forward any additional email addresses for you and your colleagues for future communications concerning activities, news and concerns of direct interest to you. Also, look for updates on our Web site at **www.cummings.com**. If you have any questions, please call the **Update Editor at 781-935-8000**. We do not ever share or sell our list of email addresses with any other entity.

Web Site Address: _____

Primary Contact: _____ Email: _____

Phone: _____ Fax: _____

Accounts Payable Contact: _____ Email: _____

Phone: _____ Fax: _____

Insurance Contact: _____ Email: _____

Phone: _____ Fax: _____

Corporate Contact: _____ Email: _____

Phone: _____ Fax: _____