



445 north wells street, suite 200  
chicago, illinois 60654  
phone 312 222 0777  
fax 312 222 5369  
[www.urbaninnovations.com](http://www.urbaninnovations.com)

## Exhibit A – Property Signage Order Form

**Move-in Address:** \_\_\_\_\_

Please provide the exact spelling of your company name for each of the areas below.

**Front Door Intercom:** \_\_\_\_\_

\_\_\_\_\_

**Inner Lobby Directory:** \_\_\_\_\_

\_\_\_\_\_

**Floor Directory:** \_\_\_\_\_

\_\_\_\_\_

**Office Door Sign:** \_\_\_\_\_

\_\_\_\_\_

*\*A set of signage is issued at no cost at your initial move-in.*



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## Exhibit B – Key and Fob Order Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Move-in Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph #: \_\_\_\_\_

### Fob Order (Please list the first and last name of each employee below.)

1 _____	9 _____	17 _____
2 _____	10 _____	18 _____
3 _____	11 _____	19 _____
4 _____	12 _____	20 _____
5 _____	13 _____	21 _____
6 _____	14 _____	22 _____
7 _____	15 _____	23 _____
8 _____	16 _____	24 _____

### Key Order (Please indicate the number of keys needed on the lines below.)

Type of Key: Front Office Door: \_\_\_\_\_

Internal Office(s): \_\_\_\_\_

Storage (if applicable): \_\_\_\_\_

Washrooms: Ladies: 2 Men: 2

(note: if you would like more than 2 washroom keys, there will be a \$3 charge per key.)

*Keys and fobs are issued at no cost at your initial move-in.*



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## Exhibit C – Tenant Contact & Emergency Form

**Move-in Address:** \_\_\_\_\_

Please provide the first and last name of the appropriate contact for the categories listed below. *If the same person is applicable for more than one of the following categories, please enter their name as many times as necessary.* It is not necessary to repeat phone numbers and e-mail addresses for the same person.

**Company Name:** \_\_\_\_\_

**Principal:** \_\_\_\_\_ Ph# \_\_\_\_\_ ext \_\_\_\_\_

Email: \_\_\_\_\_

**Office Manager:** \_\_\_\_\_ Ph# \_\_\_\_\_ ext \_\_\_\_\_

Email: \_\_\_\_\_

**Receptionist:** \_\_\_\_\_ Ph# \_\_\_\_\_ ext \_\_\_\_\_

Email: \_\_\_\_\_

**Telecommunication/IT Systems:** \_\_\_\_\_ Ph# \_\_\_\_\_ ext \_\_\_\_\_

Email: \_\_\_\_\_

**Alarm Code:** \_\_\_\_\_ Ph# \_\_\_\_\_ ext \_\_\_\_\_

Email: \_\_\_\_\_

**Tenant Liability Renewal:** \_\_\_\_\_ Ph# \_\_\_\_\_ ext \_\_\_\_\_

Email: \_\_\_\_\_

Please list three names and telephone numbers of people who can be contacted after hours for emergency situations.

**Name:** \_\_\_\_\_ Ph# \_\_\_\_\_

**Name:** \_\_\_\_\_ Ph# \_\_\_\_\_

**Name:** \_\_\_\_\_ Ph# \_\_\_\_\_



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## Exhibit D - Tenant Information Data Form

Tenant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Company Email Address: \_\_\_\_\_

Company NAICS Code (on tax return): \_\_\_\_\_

Tenant Representative responsible for approving expenditures: \_\_\_\_\_

Daily Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

Suite Phone Number: \_\_\_\_\_ Suite Fax Number: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Handicapped Employees: \_\_\_\_\_

Hours of Operation, Monday – Friday: \_\_\_\_\_ Weekends: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Observed Holidays: Check the appropriate box

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Year's Day        | <input type="checkbox"/> MLK's Birthday   | <input type="checkbox"/> Presidents Day         |
| <input type="checkbox"/> Good Friday           | <input type="checkbox"/> Memorial Day     | <input type="checkbox"/> Independence Day       |
| <input type="checkbox"/> Labor Day             | <input type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> Day After Thanksgiving |
| <input type="checkbox"/> Christmas Eve         | <input type="checkbox"/> Christmas Day    | <input type="checkbox"/> New Year's Eve         |
| <input type="checkbox"/> Other (Explain) _____ |   |   |

### Fire Marshal

*A fire marshal from your company must be assigned to ensure evacuation of your employees during an emergency or crisis situation. The individual assigned this position must be on-site at least 75% of the time; this would typically be an office administrator or manager.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



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**Billing Information**

Rent Statement Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
\_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_