



# PARMENTER REALTY PARTNERS

## Onsite Emergency Coordinator Information

Today's Date: \_\_\_\_\_

### Tenant Information

**Building:** *Check One* Island Center  Waterford Plaza

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

**Suite #:** \_\_\_\_\_ **Number of Employees in Suite:** \_\_\_\_\_

### Emergency Coordinators:

<b>Appointed Emergency Coordinator:</b>		<b>Alternate Emergency Coordinator:</b>	
<b>Name:</b>	_____	<b>Name:</b>	_____
<b>Title:</b>	_____	<b>Title:</b>	_____
<b>Work Email:</b>	_____	<b>Work Email:</b>	_____
<b>Work Telephone#:</b>	_____	<b>Work Telephone#:</b>	_____

Please list any employees that have a disability that may hinder their safe exit via the building's stairwell, i.e. wheel chair, crutches, heart condition, etc.

<b>Name:</b>		
<b>First</b>	<b>Last</b>	<b>Disability</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fax completed forms to 813-281-0069.

Thank you,

Parmenter Realty Partners