



# FLATLEY MANAGEMENT COMPANY, LLC

The Schrafft's Center at 529 Main Street, Suite 107 • Charlestown, MA 02129 • Tel: (617) 242-2700 • Fax: (617) 242-9857

## Contact Information: Office, Emergency, Accounts Payable and Aware Manager (Maintenance Requests/ Tenant Emails)

**PLEASE FILL IN COMPLETELY (please print or type)**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Office Contact:

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

Direct Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

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

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### Accounts Payable Contact:

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

Direct Tel #: \_\_\_\_\_ Email: \_\_\_\_\_

### Aware Manager (Inputs Maintenance Requests/Receives Tenant Emails) – please list (2) –contacts should be in the local office, full time:

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

Direct Tel #: \_\_\_\_\_ Direct Tel #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

### For Lockouts:

Please specify the name and cell number of the person who we should contact in the event of an employee requesting the Landlord to open the office (i.e. if they are locked out and there is no one in the office).

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Does your suite have an ALARM system (please check one): \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, which type? \_\_\_\_\_

Is the suite accessible to the building's cleaning staff? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Thank you for this important information.**

Please complete and return this form to Lisa Hogan at [Lhogan@flatleyco.com](mailto:Lhogan@flatleyco.com)