EMPIRE STATE
REALTY TRUST

ONE GRAND CENTRAL PLACE

Tenant Contact Information

Please e-mail to Management, ogcpgeneral@empirestaterealtytrust.com

To maintain current and accurate records, we ask that you complete the information below. The information you provide will enable us to coordinate building operations and inform the appropriate parties in case of an emergency. Please feel free to attach additional pages of contact information if there is more than one responsible party.

TENANT COMPANY NAME: _____

TYPE OF BUSINESS: _____

☐ MAIN TENANT ☐ SUB-TENANT OF: _____

BUSINESS ADDRESS: _____ FLOOR/SUITE #: _____

MAIN PHONE #: _____ FAX#: _____

PRESIDENT/ CHIEF EXECUTIVE OFFICER: _____

PHONE #: _____ EMAIL ADDRESS: _____

FACILITIES MANAGER/ PERSON(S) TO BE CONTACTED DURING BUSINESS HOURS:

NAME: _____ TITLE: _____

PHONE #: _____ EMAIL ADDRESS: _____

NAME: _____ TITLE: _____

PHONE #: _____ EMAIL ADDRESS: _____

NAME OF ACCOUNTING CONTACT RESPONSIBLE FOR RENT PAYMENT AND TENANT CHARGES

NAME: _____ TITLE: _____

PHONE #: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACTS:

NAME: _____ TITLE: _____

PHONE #: _____ 24 Hours PHONE: _____

NAME: _____ TITLE: _____

PHONE #: _____ 24 Hours PHONE: _____

Preparer Name (PRINT): _____ Date Prepared: _____

Preparer Signature: _____