

# DAVIS PARTNERS

LIMITED LIABILITY COMPANY

## SIGNATURE AUTHORIZATION/EMERGENCY CONTACT INFORMATION

EAST SANDPOINTE

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

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

### General Contacts:

### Email Address:

General Partner/CEO: \_\_\_\_\_

Office Manager: \_\_\_\_\_

**Signature Authorization for Billable Expenditures and Property Removal Passes:** Names of those authorized to sign service invoices for billable expenses, after-hours access, property removal passes, etc.

NAME – Please Print

SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature by one of the above persons on a service invoice constitutes agreement by tenant to pay for services.

**Emergency Contacts:** Please list below in order of priority the names and home, pager, and/or cellular telephone numbers of persons we may contact, at our sole discretion after hours in the event of an emergency.

NAME – Please print

HOME NUMBER

MOBILE NUMBER

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**Population:** Total number of employees in your office: \_\_\_\_\_

These forms will be kept in the Office of the Building for reference checking of signatures on Property Removal Passes and for after hours/emergency contact information. Your home phone numbers are confidential and will only be used in the event of emergency or for after hours information. Please complete this form and return to **Davis Partners Office of the Building 201 East Sandointe, Suite 470**. Please notify us immediately of any changes/updates.

201 EAST SANDPOINTE, SUITE 470  
SANTA ANA, CA 92707  
PHONE: 714.540.5655 FAX: 714.540.6957