TENANT CONTACT & AUTHORIZATION FORM

**Form CT-02 Bishop Square**

*Please complete this form, have an authorized person sign it and return it to the Office of the Building.*

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| **THE FOLLOWING PERSONS ARE DESIGNATED TO ACT ON BEHALF OF THE TENANT AS SPECIFIED BELOW:** |
| **Name** | **Title** | **Phone** | **Cell** | **Email** |
|  |  |  |  |  |
|  Order services | Suite Access | Lease related matters | Emergency contact | Accounting/Billing | Place Work Orders | Email Alerts |
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| **Tenant Name:** |  | **Tower:** ASB Pauahi |
| **Suite No.:** |  | **Date:** |
| **Email:** |  | **Phone #:** |

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If you need more space, please add additional copies of this form.

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| --- | --- | --- |
| **Tenant Authorized Person:** | Signature: |  |
| Type/print name & title: |  |

***Please remember to inform us promptly if there are any changes.***

If you have any questions, please contact the Office of the Building:

Phone: 808-545-7500 **~** Fax: 808-523-6008 **~** Email: bishopsquare@douglasemmett.com 1003 Bishop Street, Suite 440, Honolulu, HI 96813

**Revised 08/21**