



445 north wells street, suite 200
chicago, illinois 60654
phone 312 222 0777
fax 312 222 5369
www.urbaninnovations.com

Exhibit A – Property Signage Order Form

Move-in Address: _____

Please provide the exact spelling of your company name for each of the areas below.

Front Door Intercom: _____

Inner Lobby Intercom: _____

Lobby Directory: _____

Office Door Sign: Please email your company logo in an EPS format to the Assistant Property Manager. Specify if you would like your logo printed on frosted vinyl or in a particular color. Urban Innovations provides a \$150 allowance towards your office door signage. If it exceeds the allowance, we will provide you with a quote for the difference.*

**A set of signage is issued at no cost at your initial move-in.*



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Exhibit B – Key and Fob Order Form

Date: _____

Company Name: _____

Move-in Address: _____ Suite #: _____

Contact Person: _____ Ph #: _____

Fob Order (Please list the first and last name of each employee below.)

| | | |
|---------|----------|----------|
| 1 _____ | 9 _____ | 17 _____ |
| 2 _____ | 10 _____ | 18 _____ |
| 3 _____ | 11 _____ | 19 _____ |
| 4 _____ | 12 _____ | 20 _____ |
| 5 _____ | 13 _____ | 21 _____ |
| 6 _____ | 14 _____ | 22 _____ |
| 7 _____ | 15 _____ | 23 _____ |
| 8 _____ | 16 _____ | 24 _____ |

Key Order (Please indicate the number of keys needed on the lines below.)

Type of Key: Front Office Door: _____

Internal Office(s): _____

Storage (if applicable): _____

Washrooms: Ladies: 2 Men: 2

(note: if you would like more than 2 washroom keys, there will be a \$3 charge per key.)

Keys and fobs are issued at no cost at your initial move-in.



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Exhibit C – Tenant Contact & Emergency Form

Move-in Address: _____

Please provide the first and last name of the appropriate contact for the categories listed below. *If the same person is applicable for more than one of the following categories, please enter their name as many times as necessary.* It is not necessary to repeat phone numbers and e-mail addresses for the same person.

Company Name: _____

Principal: _____ Ph# _____ ext _____

Email: _____

Office Manager: _____ Ph# _____ ext _____

Email: _____

Receptionist: _____ Ph# _____ ext _____

Email: _____

Telecommunication/IT Systems: _____ Ph# _____ ext _____

Email: _____

Alarm Code: _____ Ph# _____ ext _____

Email: _____

Tenant Liability Renewal: _____ Ph# _____ ext _____

Email: _____

Please list three names and telephone numbers of people who can be contacted after hours for emergency situations.

Name: _____ Ph# _____

Name: _____ Ph# _____

Name: _____ Ph# _____



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Exhibit D - Tenant Information Data Form

Tenant Name: _____

Property Address: _____

Company Email Address: _____

Company NAICS Code (on tax return): _____

Tenant Representative responsible for approving expenditures: _____

Daily Contact Person Name: _____ Title: _____

Suite Phone Number: _____ Suite Fax Number: _____

Number of Employees: _____ Number of Handicapped Employees: _____

Hours of Operation, Monday – Friday: _____ Weekends: _____

Description of Business: _____

Years in Business: _____

Observed Holidays: Check the appropriate box

- | | | |
|--|---|---|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> MLK's Birthday | <input type="checkbox"/> Presidents Day |
| <input type="checkbox"/> Good Friday | <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Independence Day |
| <input type="checkbox"/> Labor Day | <input type="checkbox"/> Thanksgiving Day | <input type="checkbox"/> Day After Thanksgiving |
| <input type="checkbox"/> Christmas Eve | <input type="checkbox"/> Christmas Day | <input type="checkbox"/> New Year's Eve |
| <input type="checkbox"/> Other (Explain) _____ | | |

Fire Marshal

A fire marshal from your company must be assigned to ensure evacuation of your employees during an emergency or crisis situation. The individual assigned this position must be on-site at least 75% of the time; this would typically be an office administrator or manager.

Name: _____ Title: _____

Phone Number: _____ Email Address: _____



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Billing Information

Rent Statement Address: _____ Contact Person: _____
_____ Title: _____
_____ Phone Number: _____

Tenant's Signature: _____ Date: _____