



2050 MAIN STREET  
SIGNATURE AUTHORIZATION  
EMERGENCY CONTACT INFORMATION FORM

Company Name: \_\_\_\_\_ Suite #: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**General Contacts:**

Office Manager/ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Alternate Office Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
AP Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature Authorization for Billable Expenditures:** Names of those authorized to sign service invoices for billable expenses, after hours access, access card & key requests, etc.

NAME-Please Print	SIGNATURE
_____	_____
_____	_____
_____	_____

Note: Signature by one of the above persons on a service invoice constitutes agreement by your company to pay for services.

**Emergency Contacts:**

Please list below, in order of priority, the names and home, 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 #	CELLULAR #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Population:** Please list the total number of employees you currently have in your office: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form will be kept in the Office of the Building for reference checking of signatures on billable requests 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 email back to flinn@riverrockreg.com.**