

**One South Wacker
Tenant Contact Information List**

Note: Tenant is required to update this information quarterly (or as data changes) and resubmit this form to the Office of the Building.

Company: _____	Suite or Floor Number: _____
Main Phone Number: _____	Main Fax Number: _____
Primary Contact: _____	Email Address of Primary Contact: _____
Nature of Business: _____	Completed By: _____
Date Completed: _____	Number of Employees (day and night): _____

The following individuals are to be contacted, in order as they appear, in the event of a **Day-time Emergency:**

Name	Title	Home Phone	Pager/Cell Number	Email Address

The following individuals are to be contacted in the event of an **After-hours Emergency:**

Name	Title	Home Phone	Pager/Cell Number	Email Address

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