

It is necessary for Cummings Properties to maintain a list of your key employees and their contact information in case of a lockout or an emergency. Periodically, updates will be requested. Any updates received will supersede all previous information in our files.

Please complete (type or print legibly), sign where indicated, and return via email to ops@cummings.com. Duplicate keys typically will be issued **only** to those listed below, and no others.

**GENERAL DATA**

Legal Name of Firm: \_\_\_\_\_  
DBA (if any, and if not noted above): \_\_\_\_\_  
Leased Premises: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Corporate Address (if different): \_\_\_\_\_  
Corporate Phone: \_\_\_\_\_ Corporate Fax: \_\_\_\_\_  
Billing Address (if different than leased premises): \_\_\_\_\_  
Billing Phone: \_\_\_\_\_ Billing Fax: \_\_\_\_\_

**IN CASE OF AFTER-HOURS EMERGENCY, CONTACT THE FOLLOWING KEY PEOPLE:**

|                                       |       |              |
|---------------------------------------|-------|--------------|
| Primary Contact Name                  | Title | Home Phone # |
| Home Address (incl. city, state, zip) |       | Cell Phone # |
|                                       |       |              |
| 2nd Contact Name                      | Title | Home Phone # |
| Home Address (incl. city, state, zip) |       | Cell Phone # |
|                                       |       |              |
| 3rd Contact Name                      | Title | Home Phone # |
| Home Address (incl. city, state, zip) |       | Cell Phone # |

On behalf of the above-named firm, the undersigned hereby authorizes Cummings Properties, LLC to issue duplicate keys for the leased premises, or otherwise admit the undersigned and all of the above persons or who otherwise satisfy Cummings Properties, LLC of their authority to request access or receive a key (if available). I/we release Cummings Properties from any and all liabilities in connection therewith.

By: \_\_\_\_\_  
**PRINT NAME OF AUTHORIZED REPRESENTATIVE** Title \_\_\_\_\_  
\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED REPRESENTATIVE** Date \_\_\_\_\_

To allow us to better communicate with the appropriate representatives of your company, please provide the information below. Please forward any additional email addresses for future communications concerning activities, building notices, news, and concerns of direct interest to you. Also, look for updates on our website at **www.cummings.com**. If you have any questions, please call the **Update Editor at 781-935-8000**. We do not ever share or sell our list of email addresses with any other entity.

|                           |       |              |
|---------------------------|-------|--------------|
| Web Site Address:         | _____ |              |
| Primary Contact:          | _____ | Email: _____ |
| Phone:                    | _____ | Fax: _____   |
| Accounts Payable Contact: | _____ | Email: _____ |
| Phone:                    | _____ | Fax: _____   |
| Insurance Contact:        | _____ | Email: _____ |
| Phone:                    | _____ | Fax: _____   |
| Corporate Contact:        | _____ | Email: _____ |
| Phone:                    | _____ | Fax: _____   |