

MACCABEES CENTER

AUTHORIZED REPRESENTATIVES FORM

Please designate from your staff an authorized representative to communicate directly with Maccabees Center Management on any matters concerning your occupancy. This individual should be responsible for representing your interests in the event of emergencies after hours. You may designate alternative or special circumstance individuals as well (i.e. security concerns, power outages, etc..). Complete the form below and deliver it to the Maccabees Center Management Office located on the lower level, suite #L-01 or email form to toviomanning@schostak.com.

Company Name: _____

Address: _____

Authorized Representative(s) Information:

Name: _____

Title: _____

Business Phone Number: _____

Home Phone Number: _____

Cellular Number: _____

Email: _____

Name: _____

Title: _____

Business Phone Number: _____

Home Phone Number: _____

Cellular Number: _____

Email: _____

Name: _____

Title: _____

Business Phone Number: _____

Home Phone Number: _____

Cellular Number: _____

Email: _____