

**CUSTOMER COORDINATOR/CONTACT PERSON**

CUSTOMER: \_\_\_\_\_ SUITE NUMBER: \_\_\_\_\_

Please indicate the name of one individual in your group who has been designated as your Customer Coordinator to communicate with the Property Management Office regarding temperature control, security, key/lock requests and any other maintenance related items. All communication and response will be channeled through this individual. This will greatly increase our ability to effectively respond to your needs.

CONTACT PERSON: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_

OFFICE FACSIMILE NUMBER: \_\_\_\_\_

ACCOUNTING CONTACT PERSON: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_

OFFICE HOURS: \_\_\_\_\_

NUMBER OF MALE OFFICE PERSONNEL: \_\_\_\_\_

NUMBER OF FEMALE OFFICE PERSONNEL: \_\_\_\_\_

HOLIDAY SCHEDULE: PLEASE ATTACH

NUMBER OF DISABLED PERSONNEL: \_\_\_\_\_

NUMBER OF TEMPORARILY DISABLED (PREGNANT, BROKEN LEG ETC.):

\_\_\_\_\_

Please complete and return to: Cousins Properties Incorporated  
800 West Trade St  
Suite 100  
Charlotte NC 28202  
Fax 704-683-0116