B. Southfield Town Center Census

To monitor the population of the Southfield Town Center complex, an ongoing census of building occupants is kept by Southfield Town Center Management. An Updated Population Census Hqto 'ku'nqecvgf 'dgnqy. Please fill it out and return it to Southfield Town Center Management Office at your earliest convenience.

C. Construction and Alterations

Alterations and projects such as the following are to be coordinated through Southfield Town Center Management 248-350-2222 or uqwj hgrf veB vtcpuy gugtp@qo

- adding or modifying an electrical circuit
- inner office moveskeys

- painting a wall or room changing locks
- plumbing repairs

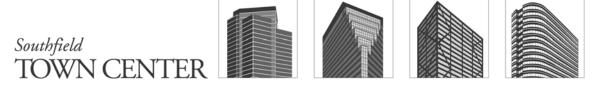
• signage

directory changes

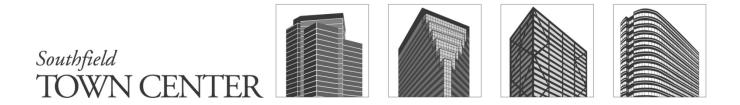
- moving a wall or door
- recarpcting or repainting a suite
- adding filing systems, new furniture partitions, or communication equipment
- redecorating offices

ANY AND ALL ALTERATIONS AND CONSTRUCTION DONE IN YOUR SUITE MUST BE COORDINATED THROUGH SOUTHFIELD TOWN CENTER MANAGEMENT. ONLY CONTRACTORS APPROVED BY SOUTHFIELD TOWN CENTER ARE ALLOWED TO DO WORK IN THE BUILDINGS. ALL CONTRACTORS ARE TO BE FULLY INSURED, AND MUST WORK IN HARMONY WITH BUILDING TRADES. ALL CONTRACTORS MUST OBTAIN PERMITS FROM THE CITY OF SOUTHFIELD.

All requests for communications system service or additions that require access to phone closets require approval from the Engineer before Security can approve entrance. All requests for service plus additions to any communications system that includes cabling between floors, within your suite or equipment being added, requires 48 hour notice by use of the Service Company Access Request Horm mecvgf "dgmy and available at the Security Desks before any approval can be given. This form is required even for emergency service that you may have."For immediate service, please complete the form at the time your emergency call is placed as this will prevent any delays for the service person when they arrive. All service persons must sign in at the Security Desk. Security's phone number is 248-358-0908.



Service Co. Access Request			
Т	Tenant Name Vendor/Contractor Company		Bldg Suite
Ē	Address		
N			
А	For Service/Repairs		
N	Hand Deliver to Security Desk. After hours, call Security 248-358-0908.		
Т	Access To:		
	Electric Closet	Phone Closet	Tenant Ph. Closet
	Mechanical Rm Date Access is needed	_ K00I	Other Location
	Description of Work		
	1		
S	Officer Approval	Security Follow-up	; Officer Date
Е	Comments When Completed, Please Forward to Engineer		
С			
T E N A N T	Additional Information Required for New Installation Mandatory 48 Hours Notice For Review By Engineering Hand Deliver to Security Desk Description of Work To Be Performed Description of new work, equipment and location of installation; does work affect other locations? (i.e. neighboring tenant above, next door, roof, basement, other building systems, work that requires additional electrical or mechanical service, etc.) Note: Drawing(s) of work and equipment location are necessary for review and approval. Description of Work		
	Have Questions or Inquiries, Please Call the Engineer 248-350-2222 No Work to be Performed Unless Reviewed and Approved		
S	Date Received		
V	Approved By		Date
C	Comments		
С			
Т			
R			
			Rev. 10.22.15



TO: SOUTHFIELD TOWN CENTER TENANTS

FROM: PROPERTY MANAGER

RE: UPDATED POPULATION CENSUS, CONTACTS, EMERGENCY CONTACTS, PHYSICALLY CHALLENGED, FIRE WARDENS - VERY IMPORTANT!

We are updating our records and need your assistance. The following information is requested so we may better serve you and the needs of Southfield Town Center; please make additional copies if necessary.

1) Tenant Name Bldg. Suite #(s): • If your company occupies more than one floor, please list all floors and suite #(s) accordingly. 2) Contact Name(s) • Person(s) to correspond with and / or call for general building matters. Contact Person's 3) Main Telephone # _____ Fax # _____ Direct # _____ 4) Email Address for Main Contact Person • Please attach a separate page if you have several emails for the distribution list. 5) After Hours 1st Emergency Contact Name _____ Phone #_____ _____ Phone # ____ 2nd Emergency Contact Name Please attach a separate page on letterhead if you have formal reporting procedures with an off-site monitoring service for after-hours emergency notification (i.e. alarm company, corporate HQ, etc.) 6) Fire Warden Name(s) / Suite # (s) Please attach a separate page if you have several fire wardens. 7) # of Persons Occupying Suite during: Weekday ______ Weeknight _____ Weekend 8) Physically Challenged individuals needing assistance during an emergency with suite and location:

• Please attach a separate page if you have several physically challenged individuals.

Thank you for your cooperation.