

**Lincoln**

# Hall of the States

400 North Capitol Street NW  
Washington, DC 20001

## Lincoln Property Company Tenant Contact Form

Company Name: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Suite #: \_\_\_\_\_

Main Phone #: \_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

### Backup Emergency Contact

Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

### Floor Captains

Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Location: \_\_\_\_\_

Location of Evacuation Assembly Area: \_\_\_\_\_

Backup Evacuation Assembly Area: \_\_\_\_\_

Does your company have a Shelter-in-Place plan? Yes \_\_\_\_\_ No \_\_\_\_\_

List location of Shelter-in-Place area and phone number:

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Please list the names of any employees or regular visitors who have special needs, identify the needs, and identify the individual's office location within the Suite:

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