



601 Gateway Blvd., Suite 930
South San Francisco, CA, 94080
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651 GATEWAY
**TENANT AUTHORIZATION/
EMERGENCY CONTACT INFORMATION**

Tenant: _____

Subtenant: _____

Suite: _____

E-mail Address: _____

Business Phone: _____

After-Hours Business Phone: _____

E-mail Address: _____

The following personnel are authorized to request billable services, after-hours access, lock changes, keys, cardkeys, and freight elevator reservations. Residence phone numbers will be used only in the event of an after-hours emergency concerning your office. These numbers will remain confidential. The Management Office will contact individuals in the order in which they are listed below:

1. Employee Name: _____ Direct Business Number: _____

Title: _____ Residence Phone Number: _____

Signature: _____ Cell Phone Number: _____

E-mail: _____

2. Employee Name: _____ Direct Business Number: _____

Title: _____ Residence Phone Number: _____

Signature: _____ Cell Phone Number: _____

E-mail: _____

3. Employee Name: _____ Direct Business Number: _____

Title: _____ Residence Phone Number: _____

Signature: _____ Cell Phone Number: _____

E-mail: _____

4. Employee Name: _____ Direct Business Number: _____

Title: _____ Residence Phone Number: _____

Signature: _____ Cell Phone Number: _____

E-mail: _____

*Please submit a new form to the Boston Properties Management Office
when there are any changes to the above personnel.*