
DIRECTORY / EMERGENCY INFORMATION REQUEST

Legal Tenant Name (Name on Lease):	
Doing Business As:	
Building Suite #:	
Suite Telephone # / Suite Fax #:	
Suite E-Mail Address:	
Business Days & Hours:	
President or Manager:	
Office Contact:	
Team Floor Leader (at least 2):	
Email Address for Metropoint Memos (at least 2):	
Do you wish to be notified of an after-hours emergency?: Yes or No	
1 st Contact – After-hours Emergency Name, Email, Telephone #:	
2 nd Contact – After-hours Emergency Name, Email, Telephone #:	
3 rd Contact – After-hours Emergency Name, Email, Telephone #:	
Number of Employees:	
Handicap Employees: Yes or No	

Please return this form to:

Cushman & Wakefield
Attn: Amanda Olson
600 Highway 169, Suite 200
St. Louis Park, MN 55426
Phone: 952 -546 - 8700
accounting@metropointmn.com

Fax: 952-593-2484

