

BUILDING : 2 Queen Street East

Tenant Name : _____	Legal Name : _____
Suite No. : _____	Business (Office/Retail) : _____
Mailing Address : _____ _____	Operating Hours : From: _____ To: _____
Main Phone No. : _____	Number of Employees : _____
Fax No. : _____	Type of Business : _____
	Internet Web Site : _____

<u>TENANT REPRESENTATIVE</u> <small>(All Correspondence & Tenant Service Authorization)</small>	<u>ACCOUNTING CONTACT</u> <small>(Rental Statements & Invoicing)</small>
Name : _____	Name : _____
Title : _____	Title : _____
Mailing Address : _____ _____	Mailing Address : _____ _____
Phone No. : _____	Phone No. : _____
Fax No. : _____	Fax No. : _____
E-Mail Address : _____	E-Mail Address : _____

<u>SENIOR CONTACT</u> <small>(Leasing/Financing Information)</small>	<u>OTHER CONTACT</u> <small>(Specify Department)</small>
Name : _____	Name : _____
Title : _____	Title : _____
Mailing Address : _____ _____	Mailing Address : _____ _____
Phone No. : _____	Phone No. : _____
Fax No. : _____	Fax No. : _____
E-Mail Address : _____	E-Mail Address : _____

<u>EMERGENCY CONTACTS</u> <small>(After Hours Emergencies Home Phone No.'s)</small>	
Name (Contact #1) : _____	Name (Contact #3) : _____
Phone No. : _____	Phone No. : _____
Name (Contact #2) : _____	Name (Contact #4) : _____
Phone No. : _____	Phone No. : _____

Date Completed : _____	Completed By : _____
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