

BUILDING : _____

Tenant Name: _____
Suite No: _____
Mailing Address: _____

Main Phone: _____
Main Fax: _____

Legal Name: _____
Business (Office/Retail): _____
Operating Hours : From: _____
To: _____
Number of Employees: _____
Type of Business: _____
Internet Web Site: _____

TENANT REPRESENTATIVE

(All Daily Correspondence & Tenant Service Authorization)

Name: _____
Title: _____
Mailing Address: _____

Direct Phone: _____
Cell Phone: _____
Direct Fax: _____
E-Mail Address: _____

BILLING/ACCOUNTING CONTACT

(All Invoices excluding parking)

Name: _____
Title: _____
Mailing Address: _____

Direct Phone: _____
Cell Phone: _____
Direct Fax: _____
E-Mail Address: _____

SENIOR CONTACT

(Leasing/Financing Information & Rental Statments)

Name: _____
Title: _____
Mailing Address: _____

Direct Phone: _____
Cell Phone: _____
Direct Fax: _____
E-Mail Address: _____

OTHER CONTACT (second contact)

(Specify Department, i.e. IT)

Name: _____
Title: _____
Mailing Address: _____

Direct Phone: _____
Cell Phone: _____
Direct Fax: _____
E-Mail Address: _____

EMERGENCY CONTACTS

After-hours emergency notices will be sent by phone, e-mail or text message to the information provided bellow.

OFFICE TENANTS require 3 emergency contacts.

RETAIL TENANTS require 2 emergency contacts.

Name (Contact #1) : _____
Direct Phone*: _____
Cell Phone:* _____
Home Phone: _____
E-Mail Address*: _____

Name (Contact #2) : _____
Direct Phone*: _____
Cell Phone:* _____
Home Phone: _____
E-Mail Address*: _____

Name (Contact #3) : _____
Direct Phone*: _____
Cell Phone:* _____
Home Phone: _____
E-Mail Address*: _____

*Required Information

Date Completed :

Completed By :