



TENANT CONTACT INFORMATION

Please complete this form in its entirety prior to move-in, or, as requested by the Building Management Office. Please complete appropriate sections whenever changes in authorized persons occur within your organization. Thank you.

Tenant Information:

Today's Date: _____

Tenant: _____ Suite No. _____

Billing Address:

Office Phone: () _____ Office FAX: () _____

Date: _____ Approximate # of employees at this site: _____

Business Hours (weekdays):

Business Hours (weekends):

Contact Information

Primary Contact: _____

Phone () _____ Title: _____

E-mail: _____

Secondary Contact: _____

Phone () _____ Title: _____

E-mail: _____



Legal Notice Contacts

Please indicate the individual(s) to be contacted regarding legal issues or official notices.

Name and Address:

Office Phone: () _____

Name and Address:

Office Phone: () _____

Accounting Contacts

Please indicate the individual(s) to be contacted regarding Accounting issues, such as: rent, operating expenses, and real estate taxes.

Name Office Phone

Key Executive Contacts

Please indicate the key executives for your company, and whether they are on or off-site.

Name Office Phone

Building Services Authorization

Please list the name of the person(s) for/from your office who will be authorized to request building services such as heating, ventilation/air conditioning, lighting, and janitorial services.

Name Email Office Phone



Authorized Signatures

Please list below the names of persons authorized to sign Property Removal Passes.

Name Signature Office Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Please list below the names and phone numbers of at least two (2) persons who are to be contacted in case of an after-hours emergency. If possible, please also provide alternate numbers (i.e. cell phone).

Name Title Home / Cell / E-mail

_____	_____	_____
_____	_____	_____
_____	_____	_____

Security

Please list below the names and phone numbers of any person(s) responsible for your company's security. If possible, please also provide alternate numbers (i.e. cell phone).

Name Title Home / Cell / Email

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this completed form to the Property Management Office as soon as possible. Thank you!