

Tenant Information Sheet

Please complete **ALL** fields

Company Name: _____

Your Property's Address: _____

Office Phone Number: (____) _____ Office Fax Number: (____) _____

Weekday Hours of Operation: ____ a.m. to ____ p.m. Weekend Hours of Operation ____ a.m. to ____ p.m.

MAIN CONTACT (main contact for the business):

Name: _____ Business Address: _____
Title: _____
Phone: _____ Email: _____

CORPORATE CONTACT (person who handles legal issues, leasing, renewals, corporate documents, etc.)

Name: _____ Business Address: _____
Title: _____
Phone: _____ Email: _____

ACCOUNTING CONTACT (person who handles invoices, payments & accounting issues):

Name: _____ Business Address: _____
Title: _____
Phone: _____ Email: _____

Send accounting invoices, rent / CAM related notices & payment inquiries to:†

Location of Business Main Contact Accounting Contact Corporate Contact

Send site maintenance issues, lease notices, and general management documents to:†

Location of Business Main Contact Accounting Contact Corporate Contact

For your convenience our office sends monthly invoices via email; please provide the email address in which monthly invoices shall be emailed.

Email: _____

EMERGENCY CONTACT(S) (please list two people we can contact in the event of an emergency):

1. _____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Cell Phone</i>
2. _____	_____	_____
<i>Name</i>	<i>Phone</i>	<i>Cell Phone</i>