



TENANT CONTACT FORM

Please complete the following form and return it to the Property Management Office. Keep a reference copy for your future use.

Corporate/Firm Name: _____
 Building & Suite Number: _____
 Type of Business: _____
 Number of Employee: _____
 Hours of Operation: From: _____ To: _____ Day(s) of the week: M T W T F S S
 (Please circle)
 Telephone #: _____
 Fax #: _____
 E-Mail Address: _____
 Website Address: _____
 Are you a subtenant? Y N
 If yes, what is the name of the primary tenant? _____
 Office Contact: _____ Direct Phone Number: _____
 Email address: _____

Day-to-day Operations & After-hours Emergency Contacts:

1.	Name	Title
	Office Phone	Fax
	After-hours Phone Number or Pager	E-mail Address
2.	Name	Title
	Office Phone	Fax
	After-hours Phone Number or Pager	E-mail Address
3.	Name	Title
	Office Phone	Fax
	After-hours Phone Number or Pager	E-mail Address

TENANT CONTACT FORM - continued

Rental Payment & Lease Inquiries Contact:

1. _____
Name Title

Office Phone Fax

E-mail Address

Address (If different from above)

Fire/Safety Wardens:

1. _____
Name Title

Office Phone E-mail Address

2. _____
Name Title

Office Phone E-mail Address

3. _____
Name Title

Office Phone E-mail Address

Employees who Require Assistance in an Emergency:

1. _____
Name Type of Assistance Needed

Office Phone Type of Assistance Needed (cont'd).

Floor

E-mail Address

2. _____
Name Type of Assistance Needed

Office Phone Type of Assistance Needed (cont'd).

Floor

E-mail Address

3.

Name

Type of Assistance Needed

Office Phone

Type of Assistance Needed (cont'd).

Floor

E-mail Address