



Tenant Contact Form

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

Tenant Name: _____
 Suite Number: _____
 Telephone #: _____
 Fax #: _____
 E-Mail 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
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Office Phone

Fax

After-hours Phone Number or Pager

E-mail Address

Rental Payment & Lease Inquires Contact:

1.

Name

Title

Office Phone

Fax

E-mail Address

Address

2.

Name

Title

Office Phone

Fax

E-mail Address

Address

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

4. _____
Name Title

Office Phone E-mail Address

Employees who Require Assistance in an Emergency:

1. _____
Name Type of Assistance Needed

Office Phone

Floor

E-mail Address

2. _____
Name Type of Assistance Needed

Office Phone

Floor

E-mail Address

3. _____
Name Type of Assistance Needed

Office Phone

Floor

E-mail Address