TENANT INFORMATION CHECKLIST

Tenant: _____

Suite: _____

Phone: _____

Fax: _____

Tenant Contact:

Please list the name and office phone number of the individual(s) who will communicate with the Management Office on issues such as request for maintenance, lease administration, etc.

_____

Name Phone Email

_____

Name Phone Email

Emergency Phone Numbers:

Please list the name and home telephone number of at least two (2) members of your company who can be contacted in the event of an after-hour emergency.

_____

Name Phone

_____

Name Phone

Accounts Payable:

Please list the name and office phone number of the individual(s) who will be responsible for accounts payable for your company.

_____

Name Phone Email

_____

Name Phone Email