



### TENANT CONTACT INFORMATION FORM

#### I. General Information

Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Sub-Tenant of: \_\_\_\_\_ Suite(s): \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Reception Floor: \_\_\_\_\_  
# of Employees: \_\_\_\_\_ Main Fax: \_\_\_\_\_

#### II. Tenant Authorized Contact Information

Contact Name	Title	Direct Phone #	Email
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

#### III. After-Hours Emergency Contacts (for emergencies involving the building & your suite(s)).

Name	Title	Emergency Phone 1	Emergency Phone 2
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

#### IV. Accounting Contacts

1 Accounts Payable: Name \_\_\_\_\_ Direct Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Rent & Sundry statements should be sent to: \_\_\_\_\_

2 Operating Expenses: Name \_\_\_\_\_ Direct Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Calculations should be sent to: \_\_\_\_\_

DISTRIBUTION: ENGINEERING SECURITY JANITORIAL OFFICE OF THE BUILDING