

## TENANT CONTACT INFORMATION FORM

|                                           |
|-------------------------------------------|
| <b>Company Name:</b>                      |
| <b>Main Phone Number:</b> <b>Suite:</b>   |
| <b>Hours / Days of Operation:</b>         |
| <b>Approximate # of Employees onsite:</b> |

### Primary Day-to-Day Contact(s)

|   | Name | Title | Email | Office Phone | Cell Phone |
|---|------|-------|-------|--------------|------------|
| 1 |      |       |       |              |            |
| 2 |      |       |       |              |            |
| 3 |      |       |       |              |            |

### Email Distribution List

(for tenant memos, emergency notices) *If different than Primary Contacts*

| Name | Title | Email |
|------|-------|-------|
|      |       |       |
|      |       |       |

### Accounts Payable Contact(s)

|   | Name | Title | Email | Office Phone | Cell Phone |
|---|------|-------|-------|--------------|------------|
| 1 |      |       |       |              |            |
| 2 |      |       |       |              |            |
| 3 |      |       |       |              |            |

**Legal / Lease Administration Contact(s)**

|   | Name | Title | Email | Office Phone | Cell Phone |
|---|------|-------|-------|--------------|------------|
| 1 |      |       |       |              |            |
| 2 |      |       |       |              |            |
| 3 |      |       |       |              |            |

**Emergency Contact(s)**

|   | Name | Title | Email | Office Phone | Cell Phone |
|---|------|-------|-------|--------------|------------|
| 1 |      |       |       |              |            |
| 2 |      |       |       |              |            |
| 3 |      |       |       |              |            |

**After Hours Contact(s)**

|   | Name | Title | Email | Office Phone | Cell Phone |
|---|------|-------|-------|--------------|------------|
| 1 |      |       |       |              |            |
| 2 |      |       |       |              |            |
| 3 |      |       |       |              |            |

**Mobile Assistance Contact(s)**

(persons with disabilities, temporary disabilities, people in their third trimester)

|   | Name | Title | Email | Office Phone | Cell Phone |
|---|------|-------|-------|--------------|------------|
| 1 |      |       |       |              |            |
| 2 |      |       |       |              |            |
| 3 |      |       |       |              |            |

**Other Special Instructions**

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|  |
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