



Date: _____

Tenant Contact Form

TENANT IS TO MAINTAIN RECORD OF THIS INFORMATION AND UPDATE PROPERTY MANAGEMENT OFFICE UPON CHANGES.

Tenant Company Name: _____

Tenant Building Address: _____

Suite: _____ Number of Employees: _____

Main Phone #: _____ Main Fax #: _____

Type of Business: _____ Web Address: _____

Is Suite Alarmed? Yes No

Emergency/After Hours Contacts

The Management Office is requesting names and telephone numbers from your company for After Hours Emergencies. Please list up to three (3) people and their telephone numbers in the order you would like us to attempt contact.

Secondary contacts will be called only if primary contact cannot be reached.

Primary Contact

| | | |
|------------|--------------------|-------|
| _____ | _____ | _____ |
| Print Name | Emergency Phone #1 | type |
| _____ | _____ | _____ |
| Title | Emergency Phone #2 | type |

1st Alternate

| | | |
|------------|--------------------|-------|
| _____ | _____ | _____ |
| Print Name | Emergency Phone #1 | type |
| _____ | _____ | _____ |
| Title | Emergency Phone #2 | type |

Business Contacts

Please provide us with the names/daytime phone numbers of the following contacts:

| | |
|--|-----------------|
| _____ | _____ |
| Primary Daily Contact / Office Manager | Daytime Phone # |
| _____ | _____ |
| E-mail Address | Fax # |

| | |
|--|-----------------|
| _____ | _____ |
| Secondary Daily Contact / Office Manager | Daytime Phone # |
| _____ | _____ |
| E-mail Address | Fax # |



LONGFELLOW

| | |
|-------------------|-----------------|
| _____ | _____ |
| Executive Contact | Daytime Phone # |
| _____ | _____ |
| Title | E-mail Address |

Accounting Contact:

| | |
|--------------------|-----------------|
| _____ | _____ |
| Accounting Contact | Daytime Phone # |
| _____ | _____ |
| Title | E-mail Address |

Accounting Email

Please provide us with an email address and contact name to which rent statements and/or invoices should be emailed to:

Primary Email: _____