

Tenant Contact Information

Date: _____

Tenant: _____

Building #: _____

Type of Business: _____

Number of Employees: _____

Decision Maker

Contact: _____

Business Phone: _____ Fax: _____

Email Address: _____

Day-to-Day 1:

Contact: _____

Business Phone: _____ Fax: _____

Email Address: _____

Day-to-Day 2:

Contact: _____

Business Phone: _____ Fax: _____

Email Address: _____

Accounting

Contact: _____

Business Phone: _____ Fax: _____

Email Address: _____

Emergency 1

Contact: _____

Business Phone: _____ Fax: _____

Mobile Phone: _____ Home Phone: _____

Emergency 2

Contact: _____

Business Phone: _____ Fax: _____

Mobile Phone: _____ Home Phone: _____

Emergency 3

Contact: _____

Business Phone: _____ Fax: _____

Mobil Phone: _____ Home Phone: _____

Please return this completed form to:

Cheryl Haasis
Bradford Allen Management Services, LLC
100 Tri-State International Drive, Suite 115
e-mail: chaasis@bradfordallen.com

Please update this form if there is a change in contact information.