

TENANT INFORMATION FORM

All information will be kept confidential.

GENERAL INFORMATION

Tenant Name: _____
Address: _____ Suite #: _____
Phone: _____ # of Employees: _____
Hours of Operation: _____

ON-SITE CONTACT (These employees handle day to day communications with building management and are authorized to submit work orders. They will also receive property memos/notices and are responsible for distributing communications to the rest of your team.)

Primary: _____
Phone #: _____ eMail: _____
Secondary: _____
Phone #: _____ eMail: _____

RENT PAYMENT CONTACT (Where do we send rent statements/invoices and who do we contact about payments?)

Send Statements/Invoices Electronically? Yes _____ No _____
Name: _____
Phone #: _____ eMail: _____
Address (if not sent electronically): _____

INSURANCE CONTACT (Who do we contact about your Certificate of Insurance renewals?)

Name: _____
Phone #: _____ eMail: _____

EMERGENCY CONTACT (Who do we contact for afterhours building emergencies?)

Primary: _____
Phone #: _____ Other #: _____
Secondary: _____
Phone #: _____ Other #: _____

LEASING CONTACT (Who do we contact regarding your lease?)

Primary: _____ Phone #: _____
eMail: _____
Secondary: _____ Phone #: _____
eMail: _____

INTERIOR SUITE ALARM

If your suite is/will be armed, please provide the information below in order for staff to access the space afterhours, or in the event of an emergency.

Alarm Company Name: _____ Phone #: _____

Location of Keypad: _____

Janitorial Code: _____ Management Code: _____

Instructions to Disarm: _____

Instructions to Arm: _____

If NO alarm, please check here:

Please notify us if there are any changes to the information included on this form.

Tenant Signature

Date

Please complete and return this form to carolyn@brennanproperties.com. All information will be kept confidential.