



Property Management Form Tenant Contact Information

Please complete this form in its entirety at your earliest opportunity. Also, complete appropriate sections whenever changes in authorized persons occur within your organization.

Tenant Information:

Today's Date: _____

Tenant: _____ Suite No. _____

Address: _____

Office Phone: () _____ Office Fax: () _____

Approximate # of employees at this site: _____

Business Hours (weekdays): _____

Business Hours (weekends): _____

Primary Contact: _____ Phone () _____

Title: _____ E-mail _____

Secondary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Accounting:

Yardi Commercial Café Portal Users (Users will also receive electronic delivery of statement):

Billing Contact 1: Name _____ Email: _____

Billing Contact 2: Name _____ Email: _____

Please indicate the individual(s) to be contacted regarding Accounting issues, such as: missed rental payments:

Primary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Secondary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Leasing:

Please indicate the individual(s) to be contacted regarding Leasing, such as: renewals, expansions, terminations:

Primary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Secondary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Security:

Please indicate if your suite has a burglar alarm/security system. YES ☐ NO ☐

If yes, please provide the programmed Landlord code and keying sequence to disable/enable the system in an emergency: _____

If you do not provide Landlord with a pass code for access in an emergency, please be advised that we are not liable for any false alarm charges.

Key Executive Contacts:

Please indicate the key executives for your company, and whether they are on or off-site. These individuals will need to be contacted to authorize new keys/key cards to be made, doors unlocked for employees, doors re-keyed or access cards disabled.

Name:	Office Phone:	Cell Phone:	Email:
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Information:

Please list the names and phone numbers of at least two (2) persons who are to be contacted in case of an after-hours emergency. If possible, please provide alternative numbers (ie cell phone and home phone/email)

Name	Title	Cell Phone	Home Phone/Email
_____	_____	_____	_____
_____	_____	_____	_____

Other Information:

Please return this completed form via email to _____ as soon as possible. Thank you!