



Tenant Name: _____

Building: _____ Suite #: _____

Main Phone No: _____ Fax No: _____

E-mail: _____

PREMISES / SERVICE:

Administrator Name: _____ Phone No: _____

Reception: Floor: _____ Phone No: _____

Accounts Payable Contact: _____ Phone No: _____

Contact - Lease Administration: _____ Phone No: _____

Address: (if different from above): _____

EMPLOYEE BREAKDOWN:

Unit No.	Male	Female	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSON(S) AUTHORIZED TO REQUEST KEY DUPLICATION: (PLEASE PRINT NAMES.)

Name:

Signature:

TENANT INFORMATION FORM



EMERGENCY AFTER HOURS CONTACT: (MINIMUM OF THREE) (PLEASE PRINT NAMES.)

Name:	Home Phone No.	Cell Phone No:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY AFTER HOURS CONTACT SPECIFIC TO COMPUTER FACILITIES:
(PLEASE PRINT NAMES.)**

Name:	Home Phone No.	Cell Phone No:
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISASTER RECOVERY CONTACT:

Name:	Office Phone:	Home:	Cell Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSON(S) WHO MAY REQUIRE ASSISTANCE IN CASE OF AN EMERGENCY:
(ATTACH SEPARATE SHEET IF NECESSARY AND PLEASE PRINT NAMES.):**

Name:	Floor:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete and fax form to the Property Manager at (905) 475-3676

TENANT INFORMATION FORM