



## Tenant Information Sheet

### **General:**

Tenant Name \_\_\_\_\_

Building: \_\_\_\_\_

Suite #: \_\_\_\_\_

P.O. Box #: \_\_\_\_\_

Floor(s) Occupied: \_\_\_\_\_

Main Phone No.: \_\_\_\_\_

Main Fax No.: \_\_\_\_\_

### **Premises/Service:**

Administrator Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Location & Floor: \_\_\_\_\_

Reception Floor: \_\_\_\_\_

Reception Phone No: \_\_\_\_\_

### **All Other Tenant Contacts:**

**Name:**

**Email:**

**Phone Number:**

\_\_\_\_\_

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**Security & Safety/Passcard:**

Administrator Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Location & Floor: \_\_\_\_\_

**Employee Breakdown:**

<u>Suite No.</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Person(s) authorized to request keys:**

(Please print names)

Name:

Signature:

_____	_____
_____	_____
_____	_____

**Emergency After Hours Contact: (Minimum of three)**

(Please print names)

Name:

Home Phone No.

_____	_____
_____	_____
_____	_____

**Emergency After Hours Contact specific to Computer Facilities:**

(Please print names)

Name:

Home Phone No.

_____	_____
_____	_____
_____	_____

**Disaster Recovery Contact:**

Name:

Office Phone

Home

Cellular

_____	_____	_____	_____
_____	_____	_____	_____

**Person(s) who may require assistance in case of an emergency:**

(Please print names or attach separate sheet if necessary)

Name:

Floor:

Phone Number:

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please complete and return to the Management office by fax, mail or delivery**

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