



TENANT PROFILE

COMPANY NAME	SUITE	PHONE NUMBER	FAX NUMBER

TYPE OF BUSINESS OR SERVICE: _____

OWNER/PRESIDENT: _____

EXECUTIVES (NAME & TITLES):

NUMBER OF PERSONNEL ON-SITE: _____

OFFICE HOURS: _____

AUTHORIZED SIGNATURES: Please list below the person (s) authorized to request after-hours access cards, additional keys, access to your suite and billable services on behalf of your company.

<u>Name, Title, Email address</u>	<u>Signature</u>

TENANT CONTACTS: Please list below the person (s) who will be the main contact for the following departments.

Building Services/Operations

(Main contact for Mgmt Office)

Name/Title: _____ Direct Phone/Email: _____

Accounting/Accts Payable

Name/Title: _____ Direct Phone/Email: _____

Lease Administrator

Name/Title: _____ Direct Phone/Email: _____

THE ABOVE INFORMATION IS FOR THE BUILDING MANAGEMENT RECORDS ONLY

FORM COMPLETED BY: _____ **DATE:** _____