

**BUILDING :** 111-5th Avenue SW

<b>Tenant Name :</b> _____	<b>Legal Name :</b> _____
<b>Suite No. :</b> _____	<b>Business (Office/Retail) :</b> _____
<b>Mailing Address :</b> _____	<b>Operating Hours :</b> From: _____
_____	To: _____
_____	<b>Number of Employees :</b> _____
<b>Main Phone No. :</b> _____	<b>Type of Business :</b> _____
<b>Fax No. :</b> _____	<b>Internet Web Site :</b> _____

<b><u>TENANT REPRESENTATIVE</u></b> (All Correspondence & Tenant Service Authorization)	<b><u>ACCOUNTING CONTACT</u></b> (Rental Statements & Invoicing)
<b>Name :</b> _____	<b>Name :</b> _____
<b>Title :</b> _____	<b>Title :</b> _____
<b>Mailing Address :</b> _____	<b>Mailing Address :</b> _____
_____	_____
<b>Phone No. :</b> _____	<b>Phone No. :</b> _____
<b>Fax No. :</b> _____	<b>Fax No. :</b> _____
<b>E-Mail Address :</b> _____	<b>E-Mail Address :</b> _____

<b><u>SENIOR CONTACT</u></b> (Leasing/Financing Information)	<b><u>OTHER CONTACT</u></b> (Specify Department)
<b>Name :</b> _____	<b>Name :</b> _____
<b>Title :</b> _____	<b>Title :</b> _____
<b>Mailing Address :</b> _____	<b>Mailing Address :</b> _____
_____	_____
<b>Phone No. :</b> _____	<b>Phone No. :</b> _____
<b>Fax No. :</b> _____	<b>Fax No. :</b> _____
<b>E-Mail Address :</b> _____	<b>E-Mail Address :</b> _____

<b><u>EMERGENCY CONTACTS</u></b> (After Hours Emergencies Home Phone No.'s)	
<b>Name (Contact #1) :</b> _____	<b>Name (Contact #3) :</b> _____
<b>Phone No. :</b> _____	<b>Phone No. :</b> _____
<b>Name (Contact #2) :</b> _____	<b>Name (Contact #4) :</b> _____
<b>Phone No. :</b> _____	<b>Phone No. :</b> _____

<b>Date Completed :</b> _____	<b>Completed By :</b> _____
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