

TENANT CONTACT INFORMATION FORM

It is necessary for us to have certain information on file when we need to contact you regarding building management issues or in the event of an after hours building emergency. Please fill in the following information and email this form to our office as soon as possible. Email to: jsr@jskilken.com

Company: _____

Primary Contact Name: _____

Primary Contact E-mail Address: _____

Primary Contact Phone Number: _____ Primary Contact Fax Number: _____

Primary Contact Emergency/Home Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Emergency/Home Phone Number: _____

Office Manager: _____

Office Phone Number: _____

Office Facsimile Number: _____

Office Manager E-Mail Address: _____

Office Hours: _____

(Please be advised that we keep home telephone numbers on record only so you may be notified in an emergency.)

Billing Address:

Name of Person to contact regarding billings and payments: _____

Telephone Number: _____ Facsimile Number: _____

E-Mail Address: _____