



**Commercial Tenant Contact/Lease Information**

Today's Date: \_\_\_\_\_

Rental Location: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Rent: \$ \_\_\_\_\_ /Month Deposit: \$ \_\_\_\_\_

Lease Type:  1 Year, then Month to Month  Month to Month  Other: \_\_\_\_\_

Rent Due Date: \_\_\_\_\_ day of each month.

Payment:  Cash: \$ \_\_\_\_\_  Check #: \_\_\_\_\_ / Amount: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

Copy of Driver's License  Copy of first Rent / Deposit payment.

**In case of emergency contact:** \_\_\_\_\_

**Contact #1:** Check all that apply:  Owner  Emergency Contact  Non-Emergency Contact  Accounting

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

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact #2:** Check all that apply:  Owner  Emergency Contact  Non-Emergency Contact  Accounting

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

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AEP 800-672-2231                 | <input type="checkbox"/> Lancaster Utilities 740-687-6627        | <input type="checkbox"/> Northeast Ohio Gas 740-862-3300 |
| <input type="checkbox"/> South Central Power 740-653-4422 | <input type="checkbox"/> Fairfield County Utilities 740-687-7154 |  |