



## TENANT CONTACT FORM

Owner: \_\_\_\_\_  
*(person providing authorization to the below individuals for each department)*

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

Office Phone Number: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

Authorized staff:

| <b>Department</b>  | <b>Name (Full Name)</b> | <b>Phone</b> | <b>Email</b> |
|--|-------------------------|--------------|--------------|
| <b>Maintenance</b><br><i>(send and sign-off on maintenance requests)</i>     |                         |              |              |
|  |                         |              |              |
| <b>Accounts Payables</b><br><i>(to receive invoices and payable contact)</i> |                         |              |              |
|  |                         |              |              |

**Owner Signature** (Individual on the Lease)