

# 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> <i>(send and sign-off on maintenance requests)</i>			
<b>Accounts Payables</b> <i>(to receive invoices and payable contact)</i>			

\_\_\_\_\_

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