



MONARCH CENTRE TENANT INFORMATION

TENANT:

MAIN OFFICE PHONE #:

BUILDING:

NATURE OF BUSINESS:

SUITE #:

OF EMPLOYEES:

HEAD OF OFFICE:

Please list the name and e-mail address of the senior person and key decision-maker in your office.

Name

E-mail Address

TENANT CONTACT(S)

Please list the name, e-mail address and office phone number of the individual(s) who will communicate with the Property Management office on issues such as *requests for maintenance, lease administration, non-emergency related issues*, etc.

Primary Tenant Contact Name

Secondary Tenant Contact Name

E-mail Address

E-mail Address

Phone #

Phone #

TENANT: _____

SUITE: _____

EMERGENCY CONTACT(S)

Please provide the name and telephone numbers of at least two (2) members of your company who can be contacted in the event of an *emergency* or *after-hours access*.

Name

Name

Office Phone #

Office Phone #

Cell Phone #

Cell Phone #

E-mail Address

E-Mail Address

TENANT WARDEN(S)

Name

Name

Office Phone #

Office Phone #

Cell Phone #

Cell Phone #

E-mail Address

E-Mail Address

ACCOUNTS PAYABLE

Please list the name, office phone number, and e-mail address of the individual(s) who will be responsible for *accounts payable* for your company.

Name

Name

E-mail Address

E-mail Address

Phone #

Phone #