

TENANT EMERGENCY INFORMATION PROVIDED FOR MANAGEMENT ONLY

(Please Print)

DATE		
PROPERTY NAME		
BUSINESS NAME		
BUSINESS ADDRESS		
BUSINESS PHONE NUMBER	·	FAX NUMBER
HOURS		TAX ID
E-MAIL ADDRESS		WEB SITE
STORE MANAGER'S NAME	& PHONE NUMBER	<u>/</u>
REGIONAL MANAGER'S NA	ME & PHONE NUMBER	<u>/</u>
GUARANTOR NAME & PHO	NE NUMBER	
		reys to the suite and access to set or turn off any alarm). PHONE NUMBER
FOR RENT INVOICES PLEAS	SE INDICATE PREFERRED MAILIN	NG ADDRESS
\Box LEASED PREMISES \Box OTHER		
TELEPHONE NUMBER		
CONTACT FOR REAL ESTATE TAXES TELEPHONE NUMBER INSURANCE TELEPHONE NUMBER		
	GROSS SALES TELEPHONE NUMBER	
FOR ALL OTHER CORRESPO	ONDENCE AND OFFICIAL NOTICE	ES PLEASE INDICATE PREFERRED MAILING ADDRESS
□ LEASED PREMI	SES OTHER	
TELEPHONE NUMBER		
ALARM COMPANY (If any)_		PHONE