

TENANT CONTACT/EMERGENCY LIST

Please return this form to the 2100 Ross Management Office.

Company Name: _____ Suite: _____

On-sight contact: _____

On-sight telephone number: _____ Fax: _____

Business Hours: _____

Two (2) after-hour emergency contacts:

_____ Phone: _____

_____ Phone: _____

Account Contact: This is the person we will contact regarding rental payments, misc. invoices, etc.

Name: _____ Phone: _____

Address: _____ Fax: _____

Lease Administration: This is the person who is the decision maker in regards to the Lease Document.

Name: _____ Phone: _____

Address: _____ Fax: _____

Insurance Administration: This is the person who is responsible for keeping insurance documents current.

Name: _____ Phone: _____

Address: _____ Fax: _____