

Property Management Form Tenant Contact Information

Please complete this form in its entirety at your earliest opportunity. Also, complete appropriate sections whenever changes in authorized persons occur within your organization.

Tenant Information:

Today's Date: _____

Tenant: _____ Suite No. _____

Address: _____

Office Phone: () _____ Office Fax: () _____

Approximate # of employees at this site: _____

Business Hours (weekdays): _____

Business Hours (weekends): _____

Contact Information:

Primary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Secondary Contact: _____ Phone () _____

Title: _____ E-mail: _____

Accounting Contacts:

Please indicate the individual(s) to be contacted regarding Accounting issues, such as: rent and operating expenses:

Primary Contact: _____ Phone _____

Title: _____ E-mail: _____

Secondary Contact: _____ Phone _____

Title: _____ E-mail: _____

Key Executive Contacts:

Please indicate the key executives for your company, and whether they are on or off-site.

Name:

Office Phone:

Emergency Contact Information:

Please list the names and phone numbers of at least two (2) persons who are to be contacted in case of an after hours emergency. If possible, please provide alternative numbers (ie cell phone and email)

Name	Title	Cell Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____

Other Information:

Please return this completed form to Natalie McCall nmccall@remedymed.com at your earliest convenience. Thank you!

Natalie McCall
Senior Property Administrator

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