

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 (incl wknd): _____

Holidays observed (closed): _____

On-site 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: _____

Doctors in Practice:

Names:

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
_____	_____	_____	_____
_____	_____	_____	_____

Best Day/Time for Maintenance to be Completed and Other Information:

Please return this completed form to Cynthia Valencia at your earliest convenience.
Thank you!

Cynthia Valencia

Assistant Property Manager
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