



Tenant Contact Information

General Information	
Complete Company Name:	
Type of Business:	
Address:	
Main Phone #:	Number of Employees at Location:
Main Fax #:	
Main Email Address:	

Contacts	
Manager/Principal of MGEX Office	
Title:	Direct Phone #:
Cell Phone #:	E-Mail Address:
Office or Facilities Manger (on site):	
Title:	Direct Phone #:
Cell Phone #:	E-Mail Address:

Accounting Information	
Accounting Contact:	
Title:	
Billing Address, If Different	Direct Phone #:

Leasing Information	
Leasing Contact	
Title:	Direct Phone #:

Emergency After Hours Contacts	
Contact #1:	
Home Phone #:	
Cell Phone #:	
Contact #2:	
Home Phone #:	
Cell Phone #:	
Contact #3:	
Home Phone #:	
Cell Phone #:	

Number of Handicapped and Special Needs Employees On Site:	
Name:	Phone & E-Mail
Name:	Phone & E-Mail

Completed By: _____

Date: _____

