



**Property Management Form
Tenant Contact Information**

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

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: _____

Practice Manager (if not listed above):

Name: _____ Is the Practice Manger onsite: Yes/ No

E-Mail: _____ Phone () _____



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: _____ Onsite? Yes/ No

Secondary Contact: _____ Phone () _____
Title: _____ E-mail: _____ Onsite? Yes/ No

Key Executive Contacts:

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

Name	E-Mail	Office Phone:	Onsite:
_____	_____	_____	Yes/ No
_____	_____	_____	Yes/ No

Leasing Contact:

Please indicate the leasing contact (person that would make decisions and receive notices regarding the lease):

Name	E-Mail	Office Phone:	Onsite:
_____	_____	_____	Yes/ No
_____	_____	_____	Yes/ No

Business Services Authorization

Please list the name of the person(s) for/from your office who will be authorized to request building services such as heating, ventilation/air conditioning, lighting and janitorial services.

Name	E-Mail	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 afterhours emergency. If possible, please provide alternative numbers (ie cell phone and email)

Name	Title	Cell Phone	Email
<hr/>			
<hr/>			

Other Information:

Please return this completed form to Amanda Crabill, Property Manager, as soon as possible.

Thank You,

Amanda Crabill
Property Manager
20955 Professional Plz.
Suite 335
Ashburn, VA 20147
T 571.919.4146
acrabill@remedymed.com