

Tenant Contact Form

Please complete the following below and submit to Jonathan Huynh at Jonathan.Huynh@columbia.reit

TENANT INFORMATION: Information is kept confidential and is for the Building Management's use only.

Business: _____ Business Phone: _____

Fax Number: _____ Back Line Number: _____

Address: 315 Park Ave South Floor Website: _____

Owner/Manager: _____ Owner/Manager: _____

Type of Business: _____ Number of Employees: _____

Billing Address: (if different from above) _____

Office Liaison: _____ Business Phone: _____

E-Mail Address: _____ Cell Phone: _____

Office Liaison: _____ Business Phone: _____

E-Mail Address: _____ Cell Phone: _____

**EMERGENCY CONTACT: List persons to contact in case of an emergency. Calls are made in the order listed.
Please list three contacts.**

1. **Name:** _____ Home Phone: _____

Cell Phone: _____ Alternate Phone: _____

2. **Name:** _____ Home Phone: _____

Cell Phone: _____ Alternate Phone: _____

3. **Name:** _____ Home Phone: _____

Cell Phone: _____ Alternate Phone: _____

SECURITY INFORMATION: (if applicable)

Alarm Company: _____ Code No: _____

Contact Person: _____ Phone: _____

Special Instructions \ Additional Comments:

Authorized Signature: _____ **Date:** _____