



TENANT CONTACT LIST

Tenant: _____
Building/Suite: _____
Number of Employees: _____

Date: _____
Main Telephone: _____
Fax: _____

Primary Day-to-Day Contacts:

Name: _____
Title: _____

Phone: _____
Email: _____

Name: _____
Title: _____

Phone: _____
Email: _____

Secondary Contacts:

Name: _____
Title: _____

Phone: _____
Email: _____

Name: _____
Title: _____

Phone: _____
Email: _____

Lease Administration Contacts:

Name: _____
Title: _____

Phone: _____
Email: _____

Name: _____
Title: _____

Phone: _____
Email: _____

Accounting Contacts (Rent, CAM, Sundries):

Name: _____
Title: _____

Phone: _____
Email: _____

Name: _____
Title: _____

Phone: _____
Email: _____

Please return your completed form to Jeff Wong via email at Jeff.Wong@cushwake.com.