



TENANT CONTACT INFORMATION

Tenant: \_\_\_\_\_

Property Address: \_\_\_\_\_

Notice Address: \_\_\_\_\_

Accounts Payable Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

ONSITE CONTACT INFORMATION

On-Site Contact Person: \_\_\_\_\_

Email Address for Contact: (required) \_\_\_\_\_

Phone Number for Contact Person: \_\_\_\_\_

AFTER HOURS CONTACT INFORMATION

Check box if the same as above

After Hours Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

After Hours Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

SECURITY SYSTEM CONTACT

Security System Vendor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please return this form to: Berlin Interests, Inc. Attention: Debbie Golla [Debbie@berlininterests.com](mailto:Debbie@berlininterests.com)**