



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