

**THE ESPLANADE AT LOCUST POINT
TENANT INFORMATION FORM**

TENANT NAME: _____

TENANT CONTACT PERSON: _____

BUILDING ADDRESS: _____

TELEPHONE # _____ FAX # _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT PERSON # 1

EMERGENCY CONTACT PERSON # 2

CHECK NOTIFICATION PREFERENCE

CHECK NOTIFICATION PREFERENCE

EMERGENCY CELL PHONE #

EMERGENCY CELL PHONE #

EMERGENCY CONTACT EMAIL

EMERGENCY CONTACT EMAIL

EMERGENCY CONTACT TEXT #

EMERGENCY CONTACT TEXT #

CELL PHONE PROVIDER:

CELL PHONE PROVIDER:

YEARLY RENT STATEMENT/TAX AND OPERATING ESCALATION

INVOICE ADDRESS: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

TELEPHONE # _____ Fax # _____

TENANT SERVICES
INVOICE ADDRESS: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

TELEPHONE #: _____ Fax # _____