



EIGHTH AVENUE PLACE

Tenant Contact Information Form

Hines

TENANT: _____ DATE: _____

PHONE: _____ FAX NUMBER: _____

POPULATION OF OFFICE: _____

DAILY AUTHORIZED TENANT CONTACTS:

Please complete the following, indicating our contacts for daily communication with your firm that have authorization to approve billing:

	CONTACT NAME	PHONE:	E-MAIL:
PRIMARY CONTACT			
ACCESS CARDS			
EXECUTIVE			
LEASING			
ACCOUNTING			
OTHER			

AFTER HOURS EMERGENCY CONTACTS:

NAME	HOME PHONE	CELL PHONE	EMAIL

Authorized Tenant Signature

Date

PLEASE NOTIFY THE PROPERTY MANAGEMENT OFFICE IMMEDIATELY AT 403-592-2888 IF THERE ARE ANY CHANGES TO YOUR CONTACTS.