



TENANT CONTACT INFORMATION

Company Name: _____ Date: _____
Suite #: _____ No. of On-Site Employees: _____

PRIMARY TENANT CONTACT

Name: _____ Title: _____
Mobile Phone: _____ Business Phone: _____
Business Hours: _____
Email: _____

SECONDARY TENANT CONTACT

Name: _____ Title: _____
Mobile Phone: _____ Business Phone: _____
Business Hours: _____
Email: _____

ACCOUNTING- NOTICE/BILLING Information:

Notice Address: _____
City: _____ State: _____ Zip: _____
Billing Contact Name: _____ Title: _____
E-Mail Address _____
Billing Contact Hours: _____ Billing Phone: _____

AFTER-HOUR EMERGENCY Contact Information: (in case of an after-hours emergency)

Emergency Contact Name: _____ Title: _____
After-Hours Phone(s): _____ Cell: _____
Security Co. Name & Phone: (if applicable) _____
Alarm Co. Name & Phone: (if applicable) _____

**Please report any future changes to this information to the Management Office at
600PROPMGMT@DOMINUSCOMMERCIAL.COM or (972) 869-0044.**