

Tenant Contact Sheet

We would appreciate your cooperation in providing the information requested below. Having this information on file will greatly assist us in providing you with prompt, professional management. (Please print or type)

Date: _____

GENERAL INFORMATION:

Company Name: _____ Suite Number: _____
Office Telephone: _____ Office Fax: _____

CONTACT PERSON FOR POLICY DECISIONS (lease, remodeling, etc.):

Name: _____ Title: _____
Office Telephone: _____ Email: _____

CONTACT PERSON FOR DAY-TO-DAY SITUATIONS (parking, security, maintenance work orders, conference room, etc.):

Name: _____ Title: _____
Office Telephone: _____ Email: _____

CONTACT PERSON REGARDING BILLING/ACCOUNTING:

Name: _____ Title: _____

Office Telephone: _____

Written authorization will always be required to allow entry into the suite. Personnel authorized to allow entry into suite during off-business hours are listed as follows:

Name: _____ Title: _____
Office Telephone: _____ Home Telephone: _____

Name: _____ Title: _____
Office Telephone: _____ Home Telephone: _____

Please return by e-mail or U.S. Mail to:
CTPF Waterfront Place Corporation
11235 SE 6th St, Suite A200, Bellevue, WA 98004
Phone: (206) 215-9880 Email: tjones@pinnacle-commercial.com