



# TENANT CONTACT INFORMATION

PROPERTY NAME: \_\_\_\_\_ ENTITY NAME: \_\_\_\_\_  
 PROPERTY LOCATION: \_\_\_\_\_  
 TENANT NAME (dba) : \_\_\_\_\_ STORE #: \_\_\_\_\_  
 TENANT LEGAL NAME: \_\_\_\_\_

## PREMISE

PREMISE ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_  
 PREMISE TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 PREMISE CONTACT #1: \_\_\_\_\_ #1 TITLE: \_\_\_\_\_  
 #1 TELEPHONE: \_\_\_\_\_ #1 EMAIL: \_\_\_\_\_  
 PREMISE CONTACT #2: \_\_\_\_\_ #2 TITLE: \_\_\_\_\_  
 #2 TELEPHONE: \_\_\_\_\_ #2 EMAIL: \_\_\_\_\_  
 24-HR. EMERGENCY CONTACT: \_\_\_\_\_  
 24-HR. EMERGENCY PHONE: \_\_\_\_\_  
 PREMISE BUSINESS HOURS: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

## BILLING

**\*\*Signature Required Upon Delivery Address (weekday/daytime hours)\*\***

BILLING ADDRESS: \_\_\_\_\_  
(ie: Monthly Statements, Account Balance Notices, Annual Impound Adjustments & CAM Reconciliations, Real Estate Tax & Insurance Billings, etc.)  
 STATEMENT EMAIL: \_\_\_\_\_  
 BILLING CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

## NOTICE

**\*\*Signature Required Upon Delivery Address (weekday/daytime hours)\*\***

NOTICE ADDRESS: \_\_\_\_\_  
(ie: Lease/Legal Documents & Notices, Important Property Updates/Notices, etc.)  
 NOTICE CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Name and Title (Please print)

|   |  |             |                   |
|---|--|-------------|-------------------|
| <b>PLEASE COMPLETE &amp; RETURN TO:</b> | Vestar Property Management   | <b>(OR)</b> | Email:            |
|   | Attn: 2000 East Rio Salado Pkwy., Suite 1150<br>Tempe, Arizona 85281 |             | Fax: 480-966-5445 |