



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)

PLEASE COMPLETE & RETURN TO:	Vestar Property Management	(OR)	Email:
	Attn: 2000 East Rio Salado Pkwy., Suite 1150 Tempe, Arizona 85281		Fax: 480-966-5445