

Tenant Information

*PLEASE PRINT IN BLUE OR BLACK INK

Date _____

Tenant Name _____

Building Address _____ Suite _____

Office Phone _____ Fax _____

Billing address (if different than physical)

PLEASE PRINT

General Contact Name: (Responsible for Lease)

Name	Phone	Cell	Email

Billing/Accounting Contact Name(Rents): (Portal Contact)

Name	Phone	Cell	Email

Maintenance Contact: (If different than above)

Name	Phone	Cell	Email

Emergency Contact Name: (24-Hr Contact)

Name	Phone	Cell	Email

Special Instructions _____

Return this form to:
Ogle Properties
accounting@ogle-properties.com