



## TENANT INFORMATION – CONTACT LIST

Please complete the following (type or print).

Store Name: \_\_\_\_\_

Store Address: \_\_\_\_\_

Store Phone #: \_\_\_\_\_ Store Fax #: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Asst. Manager's Name: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Corporate Office Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Accounting Rent Payment Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Sales Reports Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Certificate of Insurance Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

CAM/Tax Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

**Kindly return the completed form as follows:**

**By mail:** 6960 Orchard Lake Road, Suite 307  
West Bloomfield, MI 48322

**By fax:** (248) 539-8974

**By email:** [vpollard@nelsoncos.com](mailto:vpollard@nelsoncos.com)