

TENANT INFORMATION – CONTACT LIST

Please complete the following (type or print).

Business Name:	
Business Address:	
Business Phone #:	Business Hours:

Manager's Name:	Emergency Phone #:
Email:	
Assistant Manager's Name:	Emergency Phone #:
Address:	

Corporate Office Contact:	
Phone #:	
Email:	
Address:	

Accounting/Rent Contact:	
Phone #:	Email:
Address:	

CAM/Tax/Insurance Contact:	
Phone #:	Email:
Address:	

Sale Reports Contact:	
Phone #:	Email:
Address:	

Other:	
Phone #:	Email:
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

Nelson Website: nelsoncos.com/tenants/