



YORK STREET YARDS

ESTABLISHED 1942

TENANT INFORMATION FORM

Please indicate the information requested for the individuals from your suite who will go on record as our contact in each of the areas listed below. Please note that in the event of an after-hours emergency, a home and cell number are critical so that a member of our staff may communicate information regarding the building or your suite as quickly as possible.

Tenant Name: _____

Business Address: _____

Billing Address: _____

Business Phone Number: _____

Current Number of Employees at this location: _____

Describe Your Business: _____

DAILY CONTACT

First and Last Name: _____

Email: _____

Office Phone Number: _____

Mobile Phone Number: _____

BILLING CONTACT

First and Last Name: _____

Email Address: _____

Office Phone Number: _____

Mobile Phone Number: _____

AFTER HOURS EMERGENCY CONTACTS

1st Contact:

First and Last Name: _____

Email Address: _____

Mobile Phone Number: _____

Home Phone Number: _____

2nd Contact:

First and Last Name: _____

Email Address: _____

Mobile Phone Number: _____

Home Phone Number: _____

Form Completed By: _____ Date: _____

Signature