

# OVERLOOK II TENANT DATA FORM

DATE \_\_\_\_\_

**LOCAL INFORMATION** (For tenant notices, service requests, etc.)

Company Name: \_\_\_\_\_ Suite #: \_\_\_\_\_

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

Daily Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

# On-site employees: \_\_\_\_\_ # of Disable Employees: \_\_\_\_\_

Key Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Officer/Owner/Manager)

Fire Warden: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CORPORATE INFORMATION AND ACCOUNTING INFORMATION (if different from local):**

Company Name (if different form above): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact#: \_\_\_\_\_

Title: \_\_\_\_\_ E- Mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMERGENCY CONTACT:**

(Person to notify in case of after-hours building emergency)

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

Home Phone #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

**(THIS INFORMATION WILL REMAIN CONFIDENTIAL)**

Please complete and return to:  
**Overlook@Goddard-Group.com**  
Or fax to (770) 319-9599