

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