



Tenant Information Sheet

**** We would appreciate the return of this form within one week of receipt. Thank you! ****

In order to promptly notify you in the event of an after-hours emergency, 1350 I Street requests that three (3) After-Hours Emergency Contacts be registered with our office. This information will be used only for notification of emergency situations.

In the event of a change in personnel, please notify us at (202)682-9544.

Fill out the form **completely** by typing or **clearly** printing the information.
Please take your time to provide accurate and complete information .

Company Name: _____
(exact name business is conducted under)

Your Property's Address: _____
(We will need a form for each of your buildings if you have multiple properties with us)

Office Phone Number: _____ **Office Fax Number:** _____

Weekday Hours of Operation: _____ a.m. to _____ p.m. **Weekend Hours of Operation:** _____ a.m. to _____ p.m.

Total Number of Employees at local facility: _____

Type of Business: _____

Local Contact #1: _____ Phone: _____ Birthday: _____
 Ms. Mr. Dr. *(Responsible for day-to-day operations at the local facility)* *(ext.)* *(optional)*
E-Mail: _____ Title: _____

Local Contact #2: _____ Phone: _____ Birthday: _____
 Ms. Mr. Dr. *(Responsible for day-to-day operations at the local facility)* *(ext.)* *(optional)*
E-Mail: _____ Title: _____

Company Web Site Address: _____

Emergency Contacts:

1. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	_____	_____	_____	_____
	<i>(Name)</i>	<i>(Title)</i>	<i>(Home Phone)</i>	<i>(Cell Phone)</i>
2. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	_____	_____	_____	_____
	<i>(Name)</i>	<i>(Title)</i>	<i>(Home Phone)</i>	<i>(Cell Phone)</i>
3. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	_____	_____	_____	_____
	<i>(Name)</i>	<i>(Title)</i>	<i>(Home Phone)</i>	<i>(Cell Phone)</i>

Corporate Contact (person who handles leasing issues, legal issues, and corporate issues):
Name: Ms. Mr. Dr. _____ Company Name: _____
Title: _____ Business Address: _____
Phone: _____ E-Mail: _____
Fax: _____

Accounting Contact (person who handles invoices, payments, and accounting issues):
Name: Ms. Mr. Dr. _____ Company Name: _____
Title: _____ Business Address: _____
Phone: _____ E-Mail: _____
Fax: _____

Completed By: _____ **Date:** _____

Please email form to: kcranley@edge-funds.com