Ivanhoé Cambridge

10/120 South Riverside

TENANT INFORMATION SHEET

General Information

Tenant Name: _____Suite Number: _____
(If Applicable)

Sub-tenant Of:_____   Leasing To:_____

Corporate Address: _____

Description of Business: _____

Main Phone: _____   Main Fax: _____

Main Office Contact

The name and contact information of the person who is the main contact with the Office of the Building. This person is also designated to receive and distribute the tenant news emails.

Name: _____   Title: _____

Email Address: _____   Phone Number: _____

(Alternate Contact)

Name: _____   Title: _____

Email Address: _____   Phone Number: _____

Executive Contact

The name and contact information of the person who is the executive contact for your company. This person is also designated to receive leasing and legal documents on behalf of the company.

Name: _____   Title: _____

Email Address: _____   Phone Number: _____

(Alternate Contact)

Name: _____   Title: _____

Email Address: _____   Phone Number: _____

Rent Statements

The name and contact information of the person to be contacted in relation to monthly rent statement adjustments and payments.

Name: _____   E-Mail Address: _____

Phone Number: _____   Mailing Address: _____

Service Request Statements (TSR Invoices)

The name and contact information of the person to be contacted in relation to monthly service request statements for work done at the 10 & 120 S. Riverside location only.

Name: _____ E-Mail Address: _____

Phone Number: _____ Mailing Address: _____

Workspeed Users
The name and email address of individuals authorized to created billable service requests

Name: _____ E-Mail Address: _____

Name: _____ Email Address: _____

Name: _____ E-Mail Address: _____

Name: _____ Email Address: _____

Emergency Contacts
The names and after-hour phone numbers of persons to be contacted in case of an emergency or other after-hour issue. Please list these contacts in order starting with who should be contacted first.

	(Mandatory)		
Name:	Cellular Phone:	Home Phone:	Alternate Email:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Occupants
In order to plan for tenant appreciation events and for emergency planning please provide occupant information.

Total number of Occupants: _____

Occupants During Day: _____ Occupants During Night: _____

If you occupy more than one floor please specify occupants per floor

Day: Night:

Occupants on Floor #____: _____ Occupants on Floor #____: _____

Occupants on Floor #____: _____ Occupants on Floor #____: _____

Occupants on Floor #____: _____ Occupants on Floor #____: _____

Tenant Information Sheet Completed By:_____ **Date:** _____