

DAYTIME TENANT CONTACT FORM

PLEASE FAX TO: (416) 552-6351

OFFICE MANAGEMENT

TENANT NAME:	
MANAGER'S NAME:	
TELEPHONE:	
FAX:	
OTHER:	

COMPANY OWNERSHIP

COMPANY NAME:	
OWNER'S NAME:	
TELEPHONE:	
FAX:	
OTHER:	

FINANCIAL AND LEASING MATTERS

FINANCIAL/ LEASING CONTACT:	
ADDRESS (if off-site):	
TELEPHONE:	
FAX:	
OTHER:	