

Charlotte Plaza Tenant Contact Information Form

Please email completed forms to Sinath.Zorn@foundrycommercial.com

Company Name: _____

First Name: _____ Last Name: _____

Title: _____

Office Phone1: _____ Ext: _____

Office Phone2: _____ Ext: _____

Fax: _____ E-mail: _____

Mailing Information:

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Personal Contact Information (please list this information for any emergency and/or after-hours contact)

Home Phone: _____ Cell Phone: _____

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Include on all property e-mails. | <input type="checkbox"/> May authorize visitors. |
| <input type="checkbox"/> Include on all property mailings. | <input type="checkbox"/> Contact for normal after-hours issues. |
| <input type="checkbox"/> Authorized to request work orders. | <input type="checkbox"/> Contact for after-hours emergencies. |
-
-

First Name: _____ Last Name: _____

Title: _____

Office Phone1: _____ Ext: _____

Office Phone2: _____ Ext: _____

Fax: _____ E-mail: _____

Mailing Information:

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Personal Contact Information (please list this information for any emergency and/or after-hours contact)

Home Phone: _____ Cell Phone: _____

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Include on all property e-mails. | <input type="checkbox"/> May authorize visitors. |
| <input type="checkbox"/> Include on all property mailings. | <input type="checkbox"/> Contact for normal after-hours issues. |
| <input type="checkbox"/> Authorized to request work orders. | <input type="checkbox"/> Contact for after-hours emergencies. |