

TENANT INFORMATION FORM

Date Prepared: _____ Property Name: _____

TENANT INFORMATION

Name of Tenant (Business Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Number: _____ Home Number: _____

E-mail: _____

OWNER OR PRIMARY CONTACT INFORMATION

Check here if same as above.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Number: _____ Home Number: _____

E-mail: _____

EMERGENCY CONTACTS

1 - Name: _____ Relationship: _____

Phone Number: _____ Email: _____

2 - Name: _____ Relationship: _____

Phone Number: _____ Email: _____



Please complete and return, fax, or email to:

Off: (972) 437-4777

Website: mcneff.com