

Ptarmigan at Cherry Creek

Tenant Information Request Form

Date: _____

Tenant Name: _____

Suite: _____ Number of Employees: Day: _____ Evening: _____

**If you occupy more than one floor, please designate how many employees for each floor. Use a separate sheet.*

Main Phone: _____ Main Fax: _____ - _____

360 Facility Work order system:

Contact Name: _____ Email: _____

Business Contacts

Please provide us the names and daytime phone numbers of the following contacts for your office:

_____	_____
Primary/Manager	Daytime Phone
_____	_____
Title	Email Address

_____	_____
Decision Maker/Executive	Daytime Phone
_____	_____
Title	Email Address

_____	_____
Accounting Contact	Daytime Phone
_____	_____
Title	Email Address

Please provide us with the address to which rent statements should be mailed:

Name: _____

Title: _____

Address: _____

City, State, Zip: _____