



American Real Estate Partners

**Tenant Information and Emergency Contact Form**

FULL COMPANY NAME: \_\_\_\_\_

SUITE #: \_\_\_\_\_ # of Employees: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_

WEBSITE \_\_\_\_\_

**CONTACT INFORMATION (name and title)**

PRIMARY (Daily Contact): \_\_\_\_\_ TITLE: \_\_\_\_\_

WORK#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SECONDARY: \_\_\_\_\_ WORK#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**AFTER-HOURS EMERGENCY CONTACT INFORMATION (Begin with first to contact)-**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**Submitted by:**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the management office via email to Katie Wilson:  
kwilson@americanrepartners.com.