

Bayfront Medical Plaza
Tenant Information

Email completed form to vhirtz@holladayproperties.com

Please complete the following information and return this form to Property Management via email noted above. The information on this form will be kept confidential. **Please print.**

Tenant Name _____

Office Phone # (_____) _____ Suite # _____

Daily Contacts (in the order to be contacted): Please list the direct telephone # or extension where the contact may be reached during normal business hours. Daily contacts will be set-up to access the online Tenant Portal (input and track work orders, order keys and access cards, general inquiries, etc.) and will receive email notifications regarding the property. Please supply at least two (2) contacts so if one is out then the other can utilize the Tenant Portal.

1. _____ Phone/Ext #: (_____) _____
First Name Last Name

Email: _____ Title: _____

2. _____ Phone/Ext #: (_____) _____
First Name Last Name

Email: _____ Title: _____

Normal Hours of Operation: Monday – Friday _____ am to _____ pm

of On-Site Employees (average on a daily basis) _____

Is Suite Alarmed? (check one): Yes No

After-hours Emergency Contacts (in the order to be contacted):

Please list all telephone #'s where the contact may be reached after normal business hours. Put a check mark ✓ at the end of the phone number if the phone can receive a text. (text ✓)

1. _____ Phone #: (_____) _____
First Name Last Name

Phone #: (_____) _____

Email: _____

2. _____ Phone #: (_____) _____
First Name Last Name

Phone #: (_____) _____

Email: _____

3. _____ Phone #: (_____) _____
First Name Last Name

Phone #: (_____) _____

Email: _____

Please use a blank page if you want to provide additional contacts / information.