

EXHIBIT A.

TENANT INFORMATION FORM

DATE _____

FIRM NAME _____

ADDRESS _____

SUITE NO. _____

DESIGNATED TENANT CONTACT (DTC) _____

PHONE# & EMAIL _____

ALTERNATE DTC _____

PHONE# & EMAIL _____

OFFICE MANAGER _____

PHONE# & EMAIL _____

* * * * *

EMERGENCY CONTACT 1 _____

MOBILE PHONE _____ HOME PHONE _____ OFFICE PHONE _____

EMERGENCY CONTACT 2 _____

MOBILE PHONE _____ HOME PHONE _____ OFFICE PHONE _____

IT EMERGENCY CONTACT 1 _____

MOBILE PHONE _____ HOME PHONE _____ OFFICE PHONE _____

IT EMERGENCY CONTACT 2 _____

MOBILE PHONE _____ HOME PHONE _____ OFFICE PHONE _____

* * * * *

PRESIDENT _____

PHONE# & EMAIL _____

VICE PRESIDENT _____

PHONE# & EMAIL _____

GENERAL MANAGER _____

PHONE# & EMAIL _____

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HANDICAPPED OR PHYSICALLY IMPAIRED EMPLOYEES:

Name

Position

Direct Phone

PLEASE COMPLETE THIS FORM AND PROVIDE TO THE PROPERTY MANAGEMENT OFFICE.