

# Tenant Contact Information

Building Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Building Address : \_\_\_\_\_ Suite: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

## Office Manager/Contact Person:

Name: \_\_\_\_\_

Job Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency/Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Second Contact Person:

Name: \_\_\_\_\_

Job Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency/Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Third Contact Person:

Name: \_\_\_\_\_

Job Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency/Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please return to: Siegel-Gallagher Management Company

700 North Water – Suite 400

Milwaukee, WI 53202

Or Fax to: (414) 225-9070 – Attention Barb Byczynski

