



WCSI PROPERTIES LLC
Tenant Information Form

Date: _____

No. of Employees: _____

TENANT: _____

Address: _____
 City/State/Zip: _____
 Contact: _____ Phone #: _____ Fax #: _____ E-mail: _____

LEASES/CORPORATE

Address: _____
 City/State/Zip: _____
 Contact: _____ Phone #: _____
 Fax #: _____

ACCOUNTS PAYABLE

Address: _____
 City/State/Zip: _____
 Contact: _____ Phone #: _____
 Fax #: _____

EMERGENCY (For building related emergencies)

Company: _____
 Address: _____
 City/State/Zip: _____
 Contact #1: _____ Phone #: _____
 Contact #2: _____ Phone #: _____
 After Hr. Contact: _____ Phone #: _____

INSURANCE

Carrier: _____
 Address: _____
 City/State/Zip: _____
 Contact: _____ Phone #: _____
 Policy #: _____ Fax #: _____